

West Virginia Reenactors Association

Membership Application - 2024

First Name _____ Last Name _____ DOB _____

Street Address _____ City _____ State _____

Zip Code _____ Phone _____ E-Mail _____

Unit Membership (pick one)

WVRA (General) _____, **(Civil War)** TASAS Civilian _____, 1st WV _____ 25th VA _____,
Artillery _____, Cavalry _____ **20th Century** (WWI & II) _____, **Colonial** _____, **Undecided** _____.

Background and Interests

Reenacting experience _____ Special skills _____

Membership in Other groups _____, Interests _____

Military veteran _____ Branch of Service _____

Have you ever been convicted of a felony or misdemeanor that prohibits you from possessing a firearm? _____.

Notes and Details

1. **Dues:** Dues are \$15 per year per person and \$25 per year for a family. If you wish to receive a paper copy of the newsletter there is an additional \$15 fee. The Email version of the newsletter is included in the membership. **Check payable to WVRA**
2. **Minors:** All members under the age of 18 need the signature of a guardian to join. Those under 16 will not be allowed to carry a firearm. Those under 14 may not participate in reenactment battles. In addition, the WVRA complies with the particular rules at specific events regarding age.
3. **Meetings:** Will be held as needed during the off-season. During the Reenacting season, meetings may be held at particular events as needed.
4. **Families:** All individuals should have their own memberships, although family memberships, covering the entire family can be used to save cost. All family members are welcome to participate informally at WVRA events without paying individual dues. Only dues-paying members will be eligible to vote in Association matters.
5. **Directory:** Member images and photos may used for the newsletter, website, and WVRA public relations releases. However, detailed information like addresses and phone numbers will only be listed in the directory issued to members. If you do not wish your information released at all, please send a written request to that effect to the newsletter editor, secretary and webmaster by April 1st of each year.

Signature of Applicant: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____

Mail to: **Chuck Critchfield, 608 Skyview Drive, Clarksburg, WV 26301**