

West Virginia
Reenactor Association Inc.

Membership
Application

P.O. Box 2133, Buckhannon, WV 26201

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(H) _____ (W) _____

E-Mail Address: _____

Medical Condition: _____



Which Unit do you wish to join? Select One

WVRA	TASAS	1 st WV Inf	25 th VA Inf	6 th Calvary
General	Civilian	Federal	Confederate	Dual
0	0	0	0	0

Background and Interest	Participating family (Note 2 & 4)		
My experience in Reenacting is: _____	Name	Age	Relationship
I also belong to: _____	_____	_____	_____
I am particularly Interested in: _____	_____	_____	_____
I have the following skills: _____	_____	_____	_____

Notes:

- Dues:** are \$15 for single and renewing members by March 1st or \$1.25/month for mid year starts until February. The Family rate is \$25 which covers anybody in your family who participates. Also the member/family will receive the Monthly newsletter and 403c tax free status.
- Minors:** Any member **under18 MUST** have their parent or guardian signature to join. **Under 16** can **NOT** carry a firearm and **Under 14** can **NOT** be on the battlefield.
- Meetings:** Meetings are normally held on the 1st Saturday of the month at 3:00pm except in January. Meetings will be held at events when possible. Check our website <http://www.wvra.org> for up to date Information on events and meetings. Especially for or Christmas Dinner.
- Families:** All military members are expected to participate with there respective units. All Civilians are expected to have there own membership be under the family plan. Family who are informally at events do not have to join but **ONLY** members may vote or speak at WVRA meetings.

Signature of Applicate _____

Signature of Guardian _____