

 <p><b>ARMY OF THE SHENANDOAH</b></p> <p><i>Enlistment Form</i></p>		Calendar Year 20____	
		<input type="checkbox"/> New Recruit <input type="checkbox"/> Reenactment Veteran	
Member Information			
Name			
Street			
City/Town		State	
Home Phone		Cell Phone	
Email		Birth Date (MM/DD/YYYY)	
Emergency Contact			
Medical Info			
Use back if necessary			
Current Unit Designation			
Select one	<input type="checkbox"/> First Brigade <input type="checkbox"/> Second Brigade <input type="checkbox"/> Third Brigade <input type="checkbox"/> Fourth Brigade <input type="checkbox"/> Fifth Brigade <input type="checkbox"/> Sixth Brigade <input type="checkbox"/> Attached Cavalry/Artillery <input type="checkbox"/> Hospital <input type="checkbox"/> Band		
Instructions	Use this form for <i>each individual</i> applying for membership in the Army, mail to address below.		
Membership	Membership year runs from April 1 – March 31, Members are required to attend at least one (1) reenactment per year.		
Dues	The AOS does not collect membership dues! However, you must complete this form to be on the official rosters!		
Note	This form <u>must be filled out in its entirety and be on record with Headquarters</u> in order to be covered by the insurance, to be a full voting member, and to enjoy all the benefits of the Army of the Shenandoah		
Mailing address	Army of the Shenandoah 17051 Middletown Road Beloit, Ohio 44609		
Disclaimer	By submitting this form you acknowledge, and affirm, the rules and regulations of the Army of the Shenandoah and will abide by them at all times.		