

National Civil War Artillery Association

Application for Membership

Unit Information:

Unit: _____

Commander: _____

Unit Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Has your unit ever been affiliated with the NCWAA? Yes _____ No _____

If yes, list details: _____

Personal Information: (If this is a unit application, please list all names with all personal information on back)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Present Certification Level: _____ None:

Membership fee: \$5 per member

Make checks payable to: NCWAA

Send checks and applications to:

NCWAA
c/o James Newkirk
1343 Esther Road
Scottville, MI 49454

Chairman
James Newkirk
1343 Esther Road
Scottville, MI 49454

Vice-Chairman
Robert Goodrich
6613-32 Way South
St. Petersburg, FL 33712

Chairman Emeritus
Frank Cutler
6343 Kelly Road
Sodus, NY 14551

ADDITIONAL MEMBERS LIST:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Present Certification Level: _____ None:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Present Certification Level: _____ None:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Present Certification Level: _____ None:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Present Certification Level: _____ None: