

**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:** \_\_\_\_\_

**Two year membership fee: \$10 per member. Make checks payable to: NCWAA**

**Send checks and applications to: NCWAA, c/o Rick Helwig, PO Box 616, Sunbury, OH 43074**

**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: \_\_\_\_\_