



**3<sup>rd</sup> United States Regular Infantry**  
**Company D & K**  
**Membership Application**  
(Please Print Clearly)



Name, Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Best Time Call no later  
Home Cell to call than

\_\_\_\_\_ - - - - / / /  
E-Mail Address Social Security Number Birth Date

Spouse/Other \_\_\_\_\_ Will he/she Attend? \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Childrens Name:	Will he/she attend?	Birth Date	Social Security Number
-----------------	---------------------	------------	------------------------

_____	_____	____/____/____	____ - ____ - ____
_____	_____	____/____/____	____ - ____ - ____
_____	_____	____/____/____	____ - ____ - ____
_____	_____	____/____/____	____ - ____ - ____

Weapon Model (ie, 1861 Springfield) \_\_\_\_\_ Serial Number \_\_\_\_\_

Previous Reenacting experience, Unit(s) and dates \_\_\_\_\_

Payroll Signature \_\_\_\_\_

Membership is from January 1 through December 31 and is NOT prorated.

- \_\_\_\_\_ INDIVIDUAL AND FAMILY \$30.00 (only one vote per membership)
- \_\_\_\_\_ ADDITIONAL FAMILY MEMBERSHIP \$15.00 (voting purposes only)
- \_\_\_\_\_ ASSOCIATE \$20.00 (newsletter only)

Make checks payable to: 3<sup>rd</sup> U. S. Regular Infantry

Mail application with check to: Mary Ritenour  
10012 Cotton Farm Road  
Fairfax, VA 22032-1606

**Membership Medical Authorization  
and  
General Indemnification Release**

To Whom It May Concern:

I, the undersigned, recognizing the inherent dangers present in portraying historically accurate recreations of battle scenes and living history events, do hereby authorize the proper medical authorities to treat, as may in the discretion of the authorized holder hereof deem appropriate, diagnose, release the necessary medical information or assist me, as I am unable to so assist myself, in any manner deemed necessary.

I do expressly release and forever discharge to indemnify and hold harmless the 3<sup>rd</sup> U.S. Infantry, Incorporated, its Board of Directors, military officers, agents or successors, acting in their official capacities, from any claims, damages, actions, causes of actions or suits of any kind or nature whatsoever arising out of or from; the provisions of authorization of medical participation in any reenactment or related activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Provider

\_\_\_\_\_  
Policy number

List medical problems that we should know about. (allergies, diabetes, heart condition, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications needed on a regular basis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Person to notify in an emergency

\_\_\_\_\_  
Relationship ( ) - - -  
Telephone number  
( ) - - -

\_\_\_\_\_  
Person to notify in an emergency

\_\_\_\_\_  
Relationship ( ) - - -  
Telephone number