

**Application for Membership
The Cape Fear Living History Society**

Name: _____

Address: _____ Phone: (H) _____

_____ (W) _____

City: _____ State: ____ Zip: _____ (C) _____

E-mail: _____ Date of Birth: _____

Dependants:

Spouse: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

I understand the society's requirement to portray both Federals and Confederates, and I agree to portray both. (Yes or No) _____

Are you a member of any other living history organization? (Yes or No) _____ If yes, please name the organizations on the back of this application.

Sponsoring Member: _____

Make checks payable to: **CFLHS**
Mail to: Curtis Cole, 547 Wagonford Road Beulaville, N.C. 28518

MEMBERSHIP

- ____ Single: \$30... One person. One vote in Society elections. Society will pay liability insurance.
- ____ Family: \$35... Husband and Wife.
- ____ Children: \$7 for each child under 12, \$10 if over 12 years of age.

Children over 18 must be in school. Special cases will be reviewed by the Board of Directors. Every member 16 years of age or older must have liability insurance. Society will pay insurance for two (2) family members.

Applicant's Signature _____ Date _____

If under 18 years of age, applicant must have written permission of parent legal guardian in applying for membership.

Parent/Guardian Signature _____ Date _____

Date Accepted _____ Unit Number(s) _____