Brigade of the American Revolution

Household Membership Form

Primary Member \$25.00

Social Security #: XX	X-XX-	Name:	Name:				
Street:							
City:		State:	Zip+4: Country:				
Phone:		112 (3-500-04))	Email:				
Year born:	ear born: Unit Affiliation:			Non-Member Subscription Only			
Membership Classification:		Man-at-arms □	Musician □	C	CM (Civilian) 🗆	Merchant □	
s	econdary M	□ No Change in hou ember at Same Addre			CHECKTONIA	free)	
Social Security #: XX	X-XX-	Name:	Name:				
Year born: Unit Affiliation:							
Membership Class	ification:	Man-at-arms □	Musician □ CCM (Civilian		CM (Civilian) 🗆	Merchant □	
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Year born:	Unit Aff						
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Membership Class	пуссанон.	Man-at-arms □	Instructions	C	CM (Civilian) □	Merchant 🗆	
The Ol fr Minimum ag I hereby apply for/rene	NLY renewals om Civilian C I e to be a Mar It is sti ew my memb	ns and renewals must be (And that unit must be sent individually to least Membership (CCM) Dues structure applies to neat-Arms is 16 years; to rongly encouraged that pership in the Brigade of the pership in the Briga	st be your primary note the Adjutant are the of the Adjutant are the of all members 16 years to be a musician is 12 minors join with a part of the American Revo	nember ose for d with a ars of a 2; no m parent of	rship). Non-Member Subscri a specific Regiment. age or older. animum age for civil- or legal guardian.	ption <u>or</u>	
Signature of prima	(T)		110		HCD ID		
	78	should be made in				.10	
	payable to	o the <i>Brigade of the</i>	American Kevo	uttoi	and addressed to).	
		c/o 285	he American Re David Miller 11 Fleger Drive 11 OH 44134-643		ion		

By:

Date Entered:

Date Received:

Check#: