



# FORM 100

## 2019

### INDIVIDUAL MEMBERSHIP

Administrative Use Only
Membership # _____
Total Paid: \$ _____
Payment: Cash or Credit Card or Check Check # _____
Date Received: _____
Date Card Issued: _____
Database Entry Date: _____
Safety Tests Received Date: _____

**INSTRUCTIONS:** FILL OUT THIS FORM COMPLETELY, THEN SUBMIT THIS FORM WITH PAYMENT AND/OR SUPPLEMENTAL DOCUMENTATION (AS SPECIFIED BELOW) TO THE NCWA SECRETARY, EITHER IN PERSON OR BY MAIL TO:

**3807 ELSTON AVENUE, OAKLAND, CA 94602**

**PLEASE NOTE:** AT YOUR FIRST EVENT OF THE YEAR, PLEASE COMPLETE AND SUBMIT ALL REQUIRED SAFETY TESTS TO YOUR UNIT COMMANDER FOR APPROVAL AND DELIVERY TO THE NCWA SECRETARY. THE NCWA USES SAFETY TESTS APPROVED BY THE **PACIFIC AREA CIVIL WAR REENACTORS (PACWAR)**.

**INDIVIDUAL MEMBERSHIP TYPE:** PLEASE CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

**DEFINITION OF "INDIVIDUAL":** A single person, 18 or older

NOTE: NCWA dues are fully tax deductible if you itemize your deductions on IRS Schedule A

CATEGORIES OF INDIVIDUAL MEMBERSHIP	PAYMENT	DOCUMENTATION
<input type="checkbox"/> <b>NEW MEMBER</b> <i>An individual who is entirely new to American Civil War reenacting or living history.</i>	\$20	NONE
<input type="checkbox"/> <b>ANNUAL MEMBER</b> <i>An individual reenactor or living historian who has been a member of</i>	\$30	NONE
<input type="checkbox"/> <b>SINGLE EVENT</b> <i>an American Civil War reenacting organization previously.</i>	\$20	NONE
<input type="checkbox"/> <b>COLLEGE STUDENT</b> <i>An individual reenactor or living historian who wishes to participate in only one event during the year.</i>	\$20	Photocopy of Student ID
<input type="checkbox"/> <b>ACTIVE MILITARY</b> <i>An individual reenactor or living historian who is currently attending a college or university.</i>	NONE	Photocopy of Military ID
<input type="checkbox"/> <b>LIFETIME</b> <i>An individual reenactor or living historian who is currently an active duty member of the US Armed Forces.</i>	NONE	NONE
<input type="checkbox"/> <b>SUTLER</b> <i>An individual who has been awarded a lifetime membership in the NCWA.</i>	NONE	Description of Services
<input type="checkbox"/> <b>ADMIN BOARD</b> <i>An individual who sells goods and services that support NCWA member impressions or aid in educational outreach to the public.</i>	NONE	NONE
<input type="checkbox"/> <b>ADMIN BOARD</b> <i>An individual who is currently a member of the NCWA Administrative Board.</i>	NONE	NONE

**MEMBER INFORMATION:**

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**AFFILIATION** "GREENHORN" NEW MEMBER

**NEW MEMBERS:** Your first year with the NCWA is generally focused on the development of your period impression. Depending upon what your interests are, you could immediately join a unit that appeals to you. Or if you have only a general idea of the part of history you wish to portray, you can join a corps to become familiar with the units available in that corps before choosing your unit. Or if you want to join now, and figure out your impression later, check the box above marked "GREENHORN" NEW MEMBER, and an NCWA representative will contact you and help you with selecting an impression that is right for you. If you join a corps or register as a Greenhorn, when you pick your unit, please complete and submit the *NCWA Transfer Form* to let us know your selection.

**RENEWING MEMBERS:** Please indicate your unit (or corps) of record below. If you wish to change your unit of record, please submit a completed *NCWA Transfer Form* to the NCWA Secretary for processing. Transfer forms may only be submitted once per year.

**CORPS of the NCWA** Check the box next to your corps of record, or the corps you are joining.

- CONFEDERATE CORPS                       UNION CORPS                       CIVILIAN CORPS

*FOR NEW MEMBERS ONLY: Your Selected Brigade Commander's Signature is Required:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNITS of the NCWA** Check the box next to your unit of record, or the unit you are joining.

- |   |  |  |
|---|--|--|
| <b>C.S. ARMY OF NORTHERN VIRGINIA</b>                     | <b>U.S. ARMY OF THE POTOMAC</b>                                | <b>AMERICAN CIVILIANS</b>                                |
| <input type="checkbox"/> 5th Alabama Infantry             | <input type="checkbox"/> 1st U.S. "Berdan's" Sharpshooters     | <input type="checkbox"/> Greenville Ladies Aide Society  |
| <input type="checkbox"/> 9th Virginia Cavalry             | <input type="checkbox"/> 2nd Mass. Vol. Cavalry "Cal 100"      | <input type="checkbox"/> NY Irish Solider Relief Society |
| <input type="checkbox"/> 12th Virginia Volunteer Infantry | <input type="checkbox"/> 7th Michigan Volunteer Cavalry        | <input type="checkbox"/> Townspersons                    |
| <input type="checkbox"/> 15th Alabama Hospital            | <input type="checkbox"/> 7th West Virginia Volunteer Infantry  | <input type="checkbox"/> Trades & Professions Guild      |
| <input type="checkbox"/> James River Squadron             | <input type="checkbox"/> 69th NY "Irish Brigade" Vol. Infantry | <input type="checkbox"/> Working Woman's Guild & Sons    |
| <input type="checkbox"/> Norfolk Light Artillery Blues    | <input type="checkbox"/> 71st Penn. "CA Brigade" Vol. Infantry |  |
|   | <input type="checkbox"/> 79th NY "Highlanders" Vol. Infantry   |  |
|   | <input type="checkbox"/> U.S. Artillery Reserve                |  |
|   | <input type="checkbox"/> U.S. Medical Corps                    |  |

*FOR NEW MEMBERS ONLY: Your Selected Unit's Commander's Signature (or other authorized signatory) is Required:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Interested in forming a new unit? Fantastic!**

*Just write out the name of the historical unit you would like to recreate with the NCWA in the box below, and a member of the Administrative Board (or an authorized appointee thereof) will contact you to go over the process involved in creating a new unit.*

Proposed Unit Name

Unit Corps Affiliation

**PART III 1/2: SHAMELESS SELF-PROMOTION**

**Money is the life-blood of all organizations, and this is your opportunity to give the NCWA a transfusion!**

*The NCWA works to keep dues low so everyone can have the opportunity to participate in making our shared history come to life. Our organization makes this all happen on a modest budget, so if you do have the ability to add even a small amount to your membership dues payment as an additional, tax deductible donation, every dollar will go to ensuring that Civil War Reenacting can continue into the future for many year to come!*

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Yes! I will bolster the NCWA's financial standing with a generous donation in addition to my membership dues payment! I have enclosed the additional amount indicated to the right to help bring history to life for my fellow Americans! | <input type="checkbox"/> \$5.00              | <input type="checkbox"/> \$10.00  |
|  | <input type="checkbox"/> \$25.00             | <input type="checkbox"/> \$50.00  |
|  | <input type="checkbox"/> \$75.00             | <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> Not right now, and thanks for asking!   | <input type="checkbox"/> Other Amount: _____ |                                   |

**Certifications:** Please select all that apply:

- I am currently certified in 1st Aid
- I am currently certified in CPR

**Skills:** Please indicate if you have any of the following skills and would be willing to volunteer the use of your skills to help run the NCWA:

- Accounting/Bookkeeping
- Attorney/Paralegal
- Graphic Design
- Web Design
- Sound/PA
- Public Speaking/Acting

**Committees:** Please indicate all committees or activities you have an interest (and remember, the strength you add to our committees and activities is strength you add to the NCWA!

- First Aide Team
- Recruiting Committee
- Rank Ratio Committee
- Student Internship
- Safety Committee
- Speakers Bureau
- Planning Committee
- Rules/Bylaws Committee
- Public Relations Committee

### Emergency Contact Information:

In the event of an emergency, please contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

All communications from the NCWA will be electronic. If you prefer traditional mail, please check here and include \$5.00 extra to cover mailing expenses.

- I have included \$5.00 to cover mailing of the *Dispatch* and other NCWA communications.

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Member #: \_\_\_\_\_

REVISED INTER-ORGANIZATION ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT  
REENACTING IS DANGEROUS, AND IN CONSIDERATION OF OR BEING ALLOWED TO PARTICIPATE IN REENACTING  
EVENTS ALL PARTICIPANTS AND PARENTS OF MINORS MUST INITIAL AND SIGN THIS AGREEMENT

I/we acknowledge that reenacting events, black powder shooting, and related activities are DANGEROUS and entail known and unknown risks that may result in emotional injury, personal injury or DEATH, to me/us, or damage to my/our property, or to other persons or parties or their property. Such risks of loss, injury or DEATH include, but are not limited to burns, cuts, terrain conditions, heat prostration and related conditions, use of black powder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host, rescue efforts or medical attention provided by anyone connected to reenacting events, cardiac conditions, falls or contact with animals.

1. ASSUMPTION OF RISK: With full knowledge and appreciation of dangers, I/we have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I/we voluntarily agree to assume sole responsibility for ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/us as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" below.

INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

2. RELEASE: I/we, on behalf of myself/ourselves and any party claiming an interest through me/us (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE, the American Civil War Association, the California Historical Artillery Society, the Civil War Reenactment Society, the National Civil War Association, the Comstock Civil War Reenactors, the American Civil War Society, the War Between The States Historical Association or the Reenactors of the American Civil War; the trustees of, officers of, agents of, employees of, or members of any of these reenacting organizations; any owner, lessor, or lessee of any property on which these reenacting organizations conduct any activity; or the sponsors or the organizers of any reenacting event (singularly "released party" and collectively "released parties") from and for all liability, claims, demands, actions, loss or damage on account of any injury to my/our person (INCLUDING DEATH) or property, whether caused by their NEGLIGENCE or for any other reason, excepting only the gross negligence or willful or Wanton misconduct of a "released party," while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.

INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

3. INDEMNIFICATION: I/we agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the "released parties" from any loss, liability, damage, claims or costs, including court costs and attorney fees that they may incur arising out of related to my/our participation in reenacting activities and events, whether caused by their negligence or for any other reason, excepting only their gross negligence or willful or wanton misconduct.

INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

4. SEPARATION OF RELEASES: I/we agree that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies separately to each of the "released parties" and that the gross negligence or willful or wanton misconduct of one "released party" will not negate my/our assumption of the risk, release of, and duty to indemnify any "released parties" who are not grossly negligent or who have not acted willfully or wantonly.

INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

5. BREADTH: it is the intent of the undersigned that this ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT shall be as broad and inclusive as is permitted by California Law. If any clause, subclause or portion of any sentence is held invalid, I/we agree that the balance shall continue in full force and effect.

INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

6. MEDICAL CONSENT/RULES: I/we consent to whatever medical care might be provided or available to me/us for any injury occurring during my/our participation in reenacting activities or events. I/we further agree to be bound by, and abide by, the rules of the "released parties" while participating in any event or activity sponsored by, or affiliated with them.

I INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

7. WARRANTY: I/we have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I/we warrant that no representations, statements or promises have been made to me/us to induce me/us to execute this agreement and that I/we do so voluntarily.

INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_

8. GOVERNING LAW: This agreement shall be interpreted in accordance with, and governed in all respects by, the laws of the State of California.

**SIGNATURE OF APPLICANT:**

Print Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN OF MINOR:**

I, the undersigned, warrant that I am the parent or legal guardian of the minor child for whom the ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies, and further warrant and represent that I am empowered to execute this release on his or her behalf.

Print Name: \_\_\_\_\_ Signature of Parent/Legal Guardian of Minor: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_