



FORM 300

2019

SUPPORTING MEMBERSHIP

Membership # _____

Total Paid: \$ _____

Payment: Cash or Credit Card or Check
 Check # _____

Date Received: _____

Date Approved: _____

Date Card Issued: _____

Database Entry Date: _____

Safety Tests Received Date: _____ N/A

INSTRUCTIONS: FILL OUT THIS FORM COMPLETELY, THEN SUBMIT THIS FORM WITH PAYMENT TO THE N.C.W.A. SECRETARY, EITHER IN PERSON OR VIA MAIL AT:

3807 ELSTON AVENUE, OAKLAND, CA 94602

SUPPORTING MEMBERSHIP GRANTS YOU SEVERAL BENEFITS, INCLUDING WAIVED PUBLIC ENTRY FEES FOR NCWA HOSTED EVENTS, LIMITED AFTER-HOURS ACCESS AT NCWA EVENTS, INCLUSION IN NCWA INFORMATIONAL UPDATES, AND ACCESS TO THE NCWA CLOSED GROUP FACEBOOK PAGE. PLEASE NOTE THAT SUPPORTING MEMBERSHIP DOES **NOT** GRANT YOU NCWA VOTING RIGHTS.

PART I: SUPPORTING MEMBERSHIP TYPE

CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

DEFINITION OF "SUPPORTING MEMBER": An individual person of any age who does not desire to reenact or participate in living history, though believes in the NCWA's educational mission, and wants to either logistically or materially support the NCWA.

NOTE: NCWA supporting membership payments are fully tax deductible if you itemize your deductions on IRS Schedule A.

CATEGORIES OF SUPPORTING MEMBERSHIP

PAYMENT

<input type="checkbox"/>	NEW SUPPORTING MEMBER	<i>An individual who has not previously been a Supporting Member of the National Civil War Association.</i>	\$20
<input type="checkbox"/>	RENEWING SUPPORTING MEMBER	<i>An individual who was previously a Supporting Member of the National Civil War Association.</i>	\$20

PART II: MEMBER INFORMATION

PLEASE PRINT YOUR RESPONSES

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone _____ Cell Phone _____

E-Mail _____ Occupation _____

PART II 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"/> Not right now, and thanks for asking! | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$50.00 |
| | <input type="checkbox"/> \$75.00 | <input type="checkbox"/> \$100.00 |
| | <input type="checkbox"/> Other Amount: _____ | |

ORGANIZATION*Your answers enable us to successfully run the NCWA.*

Connections: If you are a member of any other history-related organizations, please let us know so we may better coordinate with them:

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:

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Attorney/Paralegal |
| <input type="checkbox"/> Sound/PA | <input type="checkbox"/> Public Speaking/Acting |

Committees: Please indicate all committees or activities with which you are willing to actively volunteer (and remember, any strength you add to our committees and activities, is strength you add to the NCWA!):

- | | |
|---|---|
| <input type="checkbox"/> Rules/Bylaws Committee | <input type="checkbox"/> Safety Committee |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> First Aide Team |
| <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Rank Ratio Committee |
| <input type="checkbox"/> Recruiting Committee | <input type="checkbox"/> Student Internship |

DEMOGRAPHICS*Your answers enable us to answer common questions encountered on nonprofit grant applications.*

If you are a military veteran, with which branch did you serve?

Are you currently an NRA member? YES NO

APPLICANT SIGNATURE

I, the applicant, by paying the supporting membership dues of the National Civil War Association and executing all the pages of this application, agree to abide by the By-Laws, Rules and Regulations governing the National Civil War Association, Inc. (NCWA) and all applicable subsidiaries thereof, and release them from any and all obligations. I voluntarily release, waive, discharge, and covenant not to sue the NCWA for any losses I may incur in connection with this membership. I agree to defend, indemnify, and hold harmless the NCWA from any loss, liability, damage, claims or costs that may arise out of my membership. I hereby certify that all statements made on this application are true and correct to the best of my knowledge, and understand that any false statement will subject me to disqualification or dismissal. I consent to your seeking information on any of the above information and that I hereby release from liability all persons and organizations furnishing such information.

Print Name:

Signature:

Date: ____/____/____

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.