



FORM 200

2019

COUPLE or FAMILY MEMBERSHIP

| Administrative Use Only |
|---------------------------------------|
| Membership # _____ |
| Total Paid: \$ _____ |
| Payment: Cash or Credit Card or Check |
| Check # _____ |
| Date Received: _____ |
| Date Approved: _____ |
| Date Card Issued: _____ |
| Database Entry 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)**.

PART I: COUPLE or FAMILY MEMBERSHIP TYPE

CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

DEFINITION OF "COUPLE or FAMILY": Two or more people, related by blood, adoption, or some form of committed relationship (such as marriage, engagement, civil partnerships, long-term relationships, etc.). All children covered by a family membership must be 22 years old or younger, with one exception: intellectually disabled adult children of a member may still be part of a family membership.

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

| CATEGORIES OF COUPLE or FAMILY MEMBERSHIP | PAYMENT | SUPPLEMENTAL DOCUMENTATION |
|---|-------------|-----------------------------------|
| <input type="checkbox"/> NEW MEMBERS <i>A family or couple who are new to American Civil War reenacting or living history entirely.</i> | \$35 | NONE |
| <input type="checkbox"/> ANNUAL MEMBERSHIP <i>A family or couple of reenactors or living historians who have been members of an American Civil War reenacting organization previously.</i> | \$45 | NONE |
| <input type="checkbox"/> SINGLE EVENT <i>A family or couple of reenactors or living historians who wishes to participate in only one event during the year.</i> | \$35 | NONE |
| <input type="checkbox"/> ACTIVE MILITARY <i>A family or couple of reenactors or living historians, one or more of whom who is currently an active duty member of the US Armed Forces.</i> | NONE | PHOTOCOPY OF MILITARY I.D. |
| <input type="checkbox"/> LIFETIME <i>A family or couple, one or more of whom has been awarded a lifetime membership in the NCWA.</i> | NONE | NONE |
| <input type="checkbox"/> SUTLER <i>A family or couple, one or more of whom sell goods and services that support NCWA member impressions or aide in educational outreach to the general public.</i> | NONE | DESCRIPTION OF SERVICES |
| <input type="checkbox"/> ADMIN BOARD <i>A family or couple, one or more of whom are currently a member of the NCWA Administrative Board.</i> | NONE | NONE |

PART I 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"/> \$25.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> Other Amount: _____ | <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> Not right now, and thanks for asking! | | |

FAMILY INFORMATION

PLEASE PRINT YOUR RESPONSES

This is for specific information about each member of the couple or family unit.

| Family Member Number | Last Name | First Name | Middle Initial | Date of Birth | E-mail | Occupation |
|----------------------|-----------|------------|----------------|---------------|--------|------------|
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| 02 | | | | | | |
| 03 | | | | | | |
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| 07 | | | | | | |
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| 10 | | | | | | |

This is information that applies to the couple or whole family unit.

GENERAL COUPLE or FAMILY INFORMATION

Mailing Address _____

City _____

State _____

ZIP Code _____

Home Phone _____

Cell Phone _____

AFFILIATION

Follow the instructions provided below to indicate each family member's affiliation within the NCWA.

NEW MEMBERS: Each person covered by your couple or family membership is treated as a separate member for the purposes of their affiliation within the NCWA, with the exception being children 12 and under or intellectually disabled adult children, which must have the same affiliation as at least one of their parent(s) or guardian(s). As for how to choose, keep in mind that 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 the NCWA now, and figure out your impression later, indicate you are a **GREENHORN**, and an NCWA representative will contact you and help you with selecting an impression that is right for you and your family. Please note, that if any of your family join a corps or register as a Greenhorn, when each person ultimately chooses their unit, please complete and submit the *NCWA Transfer Form* to let us know your selection and officially record you in the rolls of that unit.

RENEWING MEMBERS: Please indicate each family member's unit (or corps) of record below. If any one wishes to change their 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 and UNITS of the NCWA

| Abbreviations | C.S. ARMY OF NORTHERN VIRGINIA | Abbreviations | U.S. ARMY OF THE POTOMAC | Abbreviations | AMERICAN CIVILIANS |
|---------------|----------------------------------|---------------|---------------------------------------|---------------|----------------------------------|
| CSA | CONFEDERATE CORPS | USA | UNION CORPS | CIV | CIVILIAN CORPS |
| 5th AL | 5th Alabama Infantry | 1st USSS | 1st U.S. "Berdan's" Sharpshooters | GLAS | Greenville Ladies Aide Society |
| 9th VA | 9th Virginia Cavalry | CAL 100 | 2nd Mass. Vol. Cavalry "Cal 100" | NYISRS | NY Irish Solidier Relief Society |
| 12th VA | 12th Virginia Volunteer Infantry | 7th MI | 7th Michigan Volunteer Cavalry | T/P | Townspersons |
| 15th AL | 15th Alabama Hospital | 7th WV | 7th West Virginia Volunteer Infantry | T&PG | Trades & Professions Guild |
| JRS | James River Squadron | 69th NY | 69th NY "Irish Brigade" Vol. Infantry | WWG&S | Working Woman's Guild & Sons |
| NLAB | Norfolk Light Artillery Blues | 71st PA | 71st Penn. "CA Brigade" Vol. Infantry | | |
| | | 79th NY | 79th NY "Highlanders" Vol. Infantry | | |
| | | USAR | U.S. Artillery Reserve | | |
| | | USMC | U.S. Medical Corps | | |

COUPLE or FAMILY MEMBER AFFILIATION

In PART II of this application, each family member was assigned a number; next to each family member's number below, indicate their unit, corps, or greenhorn status by using the affiliation abbreviations supplied above. If you have a family member who is interested in forming a new unit, just write out the name of the historical unit they would like to recreate next to their number, and the NCWA will contact them to go over the process involved with creating a new unit.

| FAMILY MEMBER NUMBERS | UNIT or CORPS AFFILIATION | NEW MEMBERS ONLY: If you chose to join a Unit, your Selected Unit's Commander's Signature (or other authorized signatory) is required below. If you chose to join a Corps, Your Selected Brigade Commander's Signature is required below. Greenhorns do not need a signature. |
|-----------------------|---------------------------|---|
| 01 | | Signature: _____ Date: _____ |
| 02 | | Signature: _____ Date: _____ |
| 03 | | Signature: _____ Date: _____ |
| 04 | | Signature: _____ Date: _____ |
| 05 | | Signature: _____ Date: _____ |
| 06 | | Signature: _____ Date: _____ |
| 07 | | Signature: _____ Date: _____ |
| 08 | | Signature: _____ Date: _____ |
| 09 | | Signature: _____ Date: _____ |
| 10 | | Signature: _____ Date: _____ |

Please have each member of your family answer the following questions:

Just answer the questions by checking the box on the right indicating each person's response in the column topped with the number they were assigned in Part II of this application.

FAMILY MEMBER NUMBERS: 01 02 03 04 05 06 07 08 09 10

| | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Certifications: Please select all that apply: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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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 of 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.

Emergency Contact Information:

In the event of an emergency, please contact:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

PrimaryPhone: _____ SecondaryPhone: _____

SIGNATURES FOR WAIVERS, APPLICATION SUBMISSIONS, AND RELEASE OF MINORS TO PARTICIPATE

Please review the terms of the membership agreement into which you are entering below. These terms include acknowledging your acceptance of the NCWA's waiver in Part V of this form, acceptance of the legal authority of the NCWA as an organization, and a release of any minors in your group to participate in NCWA activities. Once reviewed and understood, **please have all family members sign and date below** next to their Family Member Number, as was assigned to them in Part II of this application. Children 12 and under and intellectually disabled adult children are not required to sign.

AFFIRMATION OF WAIVER

We affirm that we accept all conditions of the NCWA Waiver, from Part V of this form. We further affirm that we have also waived the same rights enumerated in the waiver for any and all minors, 12 years of age or younger, or intellectually disabled adult children that are covered by this membership, and warrant and represent that I am empowered to execute this waiver on their behalf. We further certify that we have initialed the waiver where indicated, acknowledging our acceptance of the terms and conditions of the NCWA Waiver.

APPLICANT AGREEMENT

We, the applicants, by paying the National Civil War Association annual dues 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. and said unit or corps thereof, and release them from any and all obligations. We hereby certify that all statements made on this application are true and correct to the best of our knowledge, and understand that any false statement will subject us to disqualification or dismissal. We consent to your seeking information on any of the above information and that we hereby release from liability all persons and organizations furnishing such information.

PARENT/GUARDIAN RELEASE OF MINOR(S) AND APPROVAL TO PARTICIPATE

We, the undersigned, have read and understood this application and all of its terms. We warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child or children for whom this application applies. And warrant and represent that I am empowered to execute this release on their behalf, and allow them to participate to the fullest extent that is allowed under this organization's bylaws and rules, as well as any applicable laws.

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FAMILY MEMBER NUMBERS