NATIONAL CIVIL WAR ASSOCIATION UNIT TRANSFER APPLICATION

Name (Last)		Name (Firs	t)	Member Number
Part I. Current U	NIT AFFIL	IATION:		
Civilian		Confederate		Union
Working Women's Guild & Sons Trades & Professions Guild Towns Persons		Norfolk Light Artillery Blues James River Squadron 9th Virginia Cavalry 15th Alabama Field Hospital 5th Alabama Infantry 12th Virginia Infantry		1st US Sharpshooters 7th West Virginia, Co. B 69th NY Volunteer Infantry, Co. A 71st PA Volunteer Infantry US Artillery Reserve 2nd MA Cavalry, Co. AThe Cal 10 US Army Medical Service
PART II. NEW UNIT	AFFILIATI	on:		
Civilian		Confederate		Union
Working Women's Guild & Sons Trades & Professions Guild Towns Persons		Norfolk Light Artillery Blues James River Squadron 9th Virginia Cavalry 15th Alabama Field Hospital 5th Alabama Infantry 12th Virginia Infantry		1st US Sharpshooters 7th West Virginia, Co. B 69th NY Volunteer Infantry, Co. A 71st PA Volunteer Infantry US Artillery Reserve 2nd MA Cavalry, Co. A—The Cal 10 US Army Medical Service
PART III A. CURRENT COM	MANDER'S AF	PROVALS	PART III B. NE	w Commander's Approvals
Unit Commander	Date	<u></u>	Unit Commander	Date
Brigade Commander (If Req.)			Brigade Commando	er (If Req.)
above. I understand that my which I am requesting a trans	transfer is co sfer.	ntingent upo		A, into the unit listed in Section I y the Commander of the unit into Date:
Administrative Use Only	_		will only be accep	
Mem. # Verified:Y/N Date:	of the required signature		es listed in Section I	II, have been
Transfer Eligible Yes/No Exemption Required No/Yes Approved (if Pag.) No/Yes	recognized and take effect at the next NCWA event to occur after its approval.			

Administrative Use Only

Mem. # Verified:Y/N Date: _____

Transfer Eligible Yes/No
Exemption Required No/Yes
Approved (if Req.) No/Yes

Date Received: _____

Date Completed: _____

Date Effective: _____

If Mailing This Application, Please Send To:

NCWA SECRETARY
3807 ELSTON AVENUE
OAKLAND, CA 94602

