



MEN OF UNION TO ARMS!



Forces are attempting to destroy the Union of our Forefathers!
Enlist now in the **Union Army Veterans** to quell the rebellion

General Information

Please print clearly

NAME	NICKNAME (IF APPLICABLE)
STREET ADDRESS	CITY, STATE, ZIP
HOME PHONE	WORK PHONE
CELL PHONE OR PAGER NUMBERS	FAX NUMBER
E-MAIL ADDRESS (<i>A MUST IF YOU ARE TO RECEIVE OUR MONTHLY ELECTRONIC NEWSLETTER</i>)	

Personal Information

Optional – we will maintain the privacy of this information

SOCIAL SECURITY #	DATE OF BIRTH	SPOUSE'S NAME
EMPLOYER	OCCUPATION	

Reenactment Information

Which affiliation do you desire? Military Civilian Unsure-contact me

Have you ever reenacted before? If so, how many years? *Please explain-Use back if necessary*

Do you have any specific 19th century skills or training that may benefit the unit?

Do you have any specific modern skills that may benefit the unit?

Emergency Information

Person to contact in an emergency	Contact's Phone Number
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Medical Information

Medical Insurance Carrier	Phone No.	Payor Number	Group Number
Physician	Phone No.	Do you wear contact lenses? (<i>Please circle one</i>) Yes No (no modern glasses may be worn at events)	
Do you have any ...?	<i>Please list below. Use back if necessary</i>		
Allergies	1.	2.	3.
Conditions requiring medication	1.	2.	3.
Conditions requiring physician's care	1.	2.	3.
Allergies to medication	1.	2.	3.

Mail this form to: Union Army Veterans
2724 Edinboro Drive
Arlington, TX 76012-5395