



# 1<sup>st</sup> PA Light Artillery Battery D

## PROBATIONARY MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

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

Phone: (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you wish to portray: Military \_\_\_\_\_ Branch \_\_\_\_\_  
Civilian \_\_\_\_\_ Other (Explain) \_\_\_\_\_

List any other family members who wish to participate:

NAME: _____	Relationship: _____	Portrayal: _____
NAME: _____	Relationship: _____	Portrayal: _____
NAME: _____	Relationship: _____	Portrayal: _____
NAME: _____	Relationship: _____	Portrayal: _____
NAME: _____	Relationship: _____	Portrayal: _____

Are you at least 16 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

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

For questions please contact: Jeff Friday 814-684-5084 ~or~ Gregg Fuoss 814-684-8446

Please drop off this completed application form to us at one of our events ~or~  
Mail completed application to: Jeff Friday, 1533 Decker Hollow Road, Tyrone, Pa 16686

\*Membership dues and insurance (in the amount determined annually by the membership) payable by cash, check or money order made out to unit.  
All applicants joining this unit do so of their own choice and at their own risk.