

# 28<sup>TH</sup> MASSACHUSETTS VOLUNTEER INFANTRY REGIMENT



Member Enlistment Form, Calendar Year 20\_\_

- \$20 Full Membership    Renewal    New (*check all that apply*)  
 \$10 Subscriber Membership  
 \$8 Insurance Only\*

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**Name**

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**Address**

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**City/Town**

**State**

**Zip Code**

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(   )   -  
**Home Phone**

(   )   -  
**Cell Phone**

(   )   -  
**Work Phone**

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**Email**

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**Insured\***

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**Medical Info**

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**Emergency**

## Instructions

- ✓ Membership runs with the calendar year, expiring on December 31, regardless of the date on which dues are paid.
- ✓ Complete this form, providing all of the information requested. It is crucial that the unit have your *current* email address at all times. If you do not have an email address, we strongly encourage you to obtain one. Unit communications are distributed electronically.
- ✓ \*Important: You must pay an \$8 insurance fee for each member of your family 12 years of age or older who will be fielding with you at any time in any capacity other than spectator. List names in the *Insured\** field and include \$8 payment for each individual in your check. If you are a member of one or more units other than the 28th Mass. and are submitting payment for insurance only, please enter the name of the unit(s) to which you belong in the *Insured\** field.
- ✓ In the *Medical Info* field, list any existing conditions, injuries or problems you may have that it would be helpful for unit medical staff and/or first responders to know about should you become ill or injured at an event.
- ✓ In the *Emergency* field, provide the name and telephone number of the person(s) you would want us to contact should you become ill or injured at an event.
- ✓ Write a check in the amount of the grand total of all enrollment and insurance fees payable to "28th Mass."
- ✓ Mail your check and completed form no later than December 31 to: 28th Mass., P.O. Box 12, Attleboro, MA 02703 –or– present your form and payment in person no later than the annual meeting to remain a voting member.