



WORLD WAR II HISTORICAL RE-ENACTMENT SOCIETY
2005 APPLICATION FOR MEMBERSHIP

MEMBERSHIPS RUN FROM JAN. 1st THROUGH DEC. 31st!

INSTRUCTIONS:

1. Please print legibly – **ALL "*" INFORMATION MUST BE PROVIDED!!!!**
2. Use one application for each member, **INCLUDING EACH FAMILY MEMBERSHIP!!!**
3. All membership applications require unit CO's signature. Your application will be returned if it has not been signed.
4. **APPLICATIONS FOR UNDER 18 APPLICANTS MUST BE ACCOMPANIED BY PARENT/GUARDIAN FORM!**
5. Make check payable to **WWII HRS, Inc.** and send to: **MARILYN FORNELL, 712 HIGHLAND AVENUE, NAPERVILLE, ILLINOIS 60540**
6. **Unit MUST be a chartered or in Unit Forming status!!!!!!**

***Name:** _____
Last First MI

***Address:** _____
Number Street Apt. #

City State ZIP

***Phone:** (_____) _____ ***Date of Birth:** ____/____/____

Email Address: _____

***Primary Unit:** _____
YOU MUST BE A MEMBER OF A RECOGNIZED HRS UNIT OR YOU WILL BE LISTED AS AN ASSOCIATE MEMBER

Secondary Unit: _____

***Unit CO's Signature:** _____ Printed Name _____

DUES: \$20.00 Single/Associate Membership \$25.00 Family Membership ***(MUST SUBMIT**

FORM FOR EACH FAMILY MEMBER- MAX. 4) PLEASE CIRCLE "SINGLE" OR "ASSOCIATE"

For Family Memberships please indicate how many copies of 'The Edge' are to be sent each month _____

I agree to follow the World War II Historical Re-Enactment Society By-Laws, Safety and Authenticity rules and I understand that there are dangerous circumstances in re-enacting and do so at my own risk. I also certify that I am at least 18 years old. (If under 18 years of age a Parent/Guardian Consent Form must be submitted with application. The applicant acknowledges that, although membership is not denied to those under 18 years of age, certain restrictions apply. These can be found in the Society's By-Laws.)

***Applicant's Signature:** _____ Date: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL M. FORNELL 630-961-1623 OR EMAIL AT MFORNELL@COMCAST.NET

I give consent to publish the above information in a WWII HRS Membership Directory.

I **DO NOT** give consent to release the above information.