



Royal Welch Fusiliers in America
 17 East Eppley Drive
 Carlisle, PA 17015
 215 262-6013

For RWFA Use Only

Recruited by _____ Company _____ Approved by _____

Regimental Number _____ Company Number _____

Date _____ Signature Commanding Officer _____

Application for Membership

Name _____ DOB _____

Address _____

City _____ State _____ Zip/Postal Code _____

Social Security # _____ Passport # _____

Tel (home) _____ Tel (work) _____

Email _____ Web page _____

Can you take personal calls at work? yes/no

Occupation _____ Employer _____

Wife's Name _____ Is wife interested in participating? _____

Names and ages of children _____

Previous or present reenacting experience _____

(The RWFA encourages participation in reenacting, but in order to maintain our high standards of attendance and uniformity please note that you may not be a member of another Revolutionary War Period 1773 -1783 Reenactment Group and belong to the Royal Welch Fusiliers in America. If you are serving in such a unit, a letter of resignation MUST accompany this application as well as the unit commander's name and phone number.)

Related Hobbies and Interests _____



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MEDICAL

Medical Insurance _____ Policy number _____

Family Physician _____ Phone number _____

Are you allergic to any substance? _____

Are you allergic to any medication? _____

Do you have any hidden medical condition such as diabetes, epilepsy, heart condition etc. which would affect your participation with RWFA? _____

If yes, please provide details. _____

Emergency Contact Person _____ Relationship _____

Address _____

Phone (s) _____

By signing this application, I hereby authorize the Royal Welch Fusiliers in America to release this information to emergency or health care personnel at the discretion of the leadership.

Signed _____ Date _____