The Division Cavalry Brigade, Inc.

(please print, circle and complete each line)

MEMBER: (unit or group name)_____

CONTACTS: #1 _____

Name Address Home Phone Work Phone E-mail

We mainly portray a: **CS** **US** **INFANTRY** **CAVALRY** **ARTILLERY** **OTHER**

(Mtd Dismtd) (Static/Horse)

Is your group Incorporated??
YES **NO** if yes, **Legal name(State) of Corp.** _____

Is your group affiliated with any other N/S **Alliance units?** Name: _____
Present Member Re-Newal YES_____
Name of Current Brigade Member you wish to Sponsor you? _____
Total number of members of your group including civilians: _____
Is your unit willing to support (travel)other units in the Brigade? **YES** **NO** (circle one)

Please complete the attached list of EVENTS your unit will be attending this calendar year. Any events that your group(four or more of your members are attending) schedules after this list is received by the Brigade, you **MUST** inform the Brigade 30 days (in writing) prior to attending the event, to be certain your insurance coverage will be in effect. If your group attends any event with fewer than 4 members, your insurance may NOT cover them. **(n/a for units carrying their own insurance and providing the Brigade with certificate)**

WE wish to join **The Division Cavalry Brigade, Inc**. and help to preserve a part of our American heritage through the portrayal of United States Civil War, Revolutionary War, Indian War and War of 1812 events and living histories.

WE the above named (below) as official representatives for the above group (unit) agree to the conditions, terms, and bylaws of the Charter (501c3) Corporation for **The Division Cavalry Brigade, Inc.** and by signing this application do assume the responsibility and duties of membership for all members upon approval of this application by the above Corporation.

SIGNATURE_____**DATE** _____

SIGNATURE_____**DATE** _____

SPONSOR SIGNATURE _____

UNIT NAME _____

If your unit has 50 or more members, you will be considered a BATTALION. Your designated BATTALION NAME preference would be:_____. Your BATTALION number will be determined by the Brigade Command.