## Reenactment Guild of America Membership Application

Name:	Alias	
Street Addr	ess:	
City:		State: Zip:
Phone:	Email:	
Group Asso	ciations (if any):	
My interest	s (check as many as you like):	
	est PerformancesHistorical Portrayals/Liv (specify):	-
a member of guidelines po	f Reenactment Guild of America (RGA), I have read and osted at <u>www.rgaamerica.com</u> whenever representing ailure to comply could result in loss of membership an	n I have given on this Membership form is truthful, and that as a will follow all RGA Safety Rules, Bylaws, and other rules and myself as an RGA member and using the organization's d forfeiture of all member's benefits if so determined by the ration to keep me informed about RGA
	Please do not share except with the National office and my State Diretor	
	I would like to receive newsletters about events	and news about what is going on in RGA
Signature: Date:		Date:
lf under 18,	. Legal Guardian signature:	
Relationshi	p:	Date:
Renev	application - send full length color photo in period val - RGA Number	correct clothing with application
Membershi	p Fees:	
\$45 w	ith RGA Insurance	
\$35 w	ithout RGA insurance (requires Declaration of Ins	urance for RGA files)
\$25 if	under 18 years of age (\$45 upon completion of R	GA Youth Program if carrying a gun)
-	Discount is available for new members only when applying after Sep Annual dues when paid on time go from Jan. 1 through Dec. 31 of t	rt. 15, from date paid to the end of that year, FIRST YEAR ONLY! After that, the hat year.
Window Dec	cals(full color): x\$5 each = \$ Add to N	1embership dues. Price includes shipping.
Send applica	tion (including photo if new member) and fees to:	RGA % Debbie Edens 3020 S. 343 <sup>rd</sup> W Cheney, KS 67025