

# Georgia Division Reenactors Association

## Soldiers Aid Society

### Membership Application

The Soldiers Aid Society is the Civilian Branch of the Georgia Division Reenactors Association. It is comprised of men and women who portray non-military personnel during the War Between the States. Active Membership (voting privileges) is open to anyone who is 18 years of age or older.

A Junior Membership is available (non-voting) to anyone 12 through 17 years of age, but a parent or legal guardian must sign the application form and be present at any activity involving the Georgia Division Reenactors Association.

An Associate Membership is also available (non-voting) for people who have an interest in history but who do not wish to participate in impressions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Phone Numbers:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work (optional): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Month \_\_\_\_\_ Day

***Are other members of your family a reenactor? If so, note what branch they are with, their name, Division and Unit below:***

\_\_\_\_\_ Artillery    \_\_\_\_\_ Cavalry    \_\_\_\_\_ Inf.    \_\_\_\_\_ Medical    \_\_\_\_\_ Signal Corp

Name: \_\_\_\_\_

Division: \_\_\_\_\_ Unit: \_\_\_\_\_

***Please list the names of your immediate family (children, spouse) that might be attending events with you:***

Spouse \_\_\_\_\_ Child \_\_\_\_\_/Age \_\_\_\_\_

Child \_\_\_\_\_/Age \_\_\_\_\_ Child \_\_\_\_\_/Age \_\_\_\_\_

***Do you have a special skill that you would be willing to demonstrate at events or share with other members of the Soldiers Aid Society? If so, list below:***

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***Annual Membership Dues (Voting Privileges for "Active Membership" Only)***

\_\_\_\_\_ Active (\$20.00)                      \_\_\_\_\_ Associate and Junior (\$15.00)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Necessary)

Make check payable to the "Soldiers Aid Society." Mail the completed application and payment to:

Soldiers Aid Society  
c/o Joyce Toney  
9207 Lexington Farms Drive  
Alpharetta, GA 30004  
E-mail: [sjtony1@aol.com](mailto:sjtony1@aol.com)

**Office Use Only:**

Date Paid: \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_