

Reenactment Guild of America

Application For Membership

Fill out all the pertinent form fields on your computer for clarity and then print and sign it

Name: _____ Acting name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone no: _____ Email: _____

Signature: _____ Date: _____

Group Association (if any): _____

Application Type: (Check One)

New Application....send photos.

Renewal...RGA Number _____

Membership Dues: (Check One)

\$35 with RGA insurance.

\$25 without RGA insurance (Requires Declaration of Insurance for RGA files)

\$15 under 18 years of age (Parent or Legal Guardian signature required and must be an RGA member)



1 free - Additional RGA logo window decals _____ x \$2.00 = \$ _____

Send application, (photo in period correct clothing if new applicant), and fees to:

Reenactment Guild of America

c/o **Barbara Chatham**

6903 Black Gum Cir.

Fort Smith, AR. 72916

Note: Make checks payable to Reenactment Guild of America