



# LEGENDS OF THE AMERICAN WEST

*Historical Reenactment Troupe*



**Northern California**

www.legendsoftheamericanwest.com

## MEMBERSHIP APPLICATION

A CALIFORNIA NON-PROFIT CORPORATION

STATE # 1124740 FEDERAL #2855911

DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

STAGE NAME \_\_\_\_\_ REFERRED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IF THIS IS A FAMILY MEMBERSHIP, PLEASE SUPPLY THE FOLLOWING INFORMATION:

SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILDREN \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DO YOU HAVE AN AFFILIATION WITH ANY OTHER GROUP? IF SO WHO (M) \_\_\_\_\_

IS THERE A PARTICULAR CHARACTER (S) YOU LIKE TO PORTRAY? \_\_\_\_\_

DO YOU NEED ANY ASSISTANCE WITH COSTUMING? \_\_\_\_\_

DO YOU AGREE TO COMPLY WITH COSTUME CODES AND ALL SAFETY RULES ADOPTED BY THE LEGENDS OF THE AMERICAN WEST? \_\_\_\_\_

SIGNED \_\_\_\_\_