

MEMBERSHIP APPLICATION 2024



FOR OFFICE USE ONLY

Memb No.

Fee Paid.

Rules Despatched

Please read carefully before completion. Complete in ink using BLOCK CAPITALS.
N.B. if transferring between units you will need to provide permission from both unit commanders.

Surname _____ First Name/s _____

Address _____

Post Code _____

Telephone No _____ Mobile Phone _____

Regiment/Rank _____ Details of Vehicle likely to be used at Events:

Date of Birth _____ Make&Model _____

Occupation _____ Registration Number _____

Email _____ (Please print CLEARLY)

Tick this box if you do NOT wish to receive electronic copies of the Newsletter so you get a paper version ☐

Tick this box if you do NOT wish to proxy vote electronically at any Annual or Extraordinary General Meeting ☐

Have you ever been refused membership of a re-enactment Society or been convicted of an offence involving firearms or convicted of an offence that would prevent you from obtaining a firearms licence or shotgun certificate? YES / NO. If YES, please give details overleaf.

Do you suffer from any medical or any other disability, which may affect you, or any other members' participation at Society Events? YES / NO. If YES, please give details overleaf.

Declaration

Whilst a member of the American Civil War Society Ltd, being a company Limited (against public liability) by Guarantee

1. I give my consent for my name, address, membership and other details being held on computer for distributing information and other administration purposes relating to the Society and other organisations lawfully entitled to the same. See the ACWS Data Protection Policy at <https://acws.co.uk/privacy>
2. I acknowledge that the pyrotechnic effects and weaponry used during the Society's re-enactments are noisy and capable of inflicting serious injury. As a condition of joining the American Civil War Society Ltd, I agree to be bound by the rules, bye-laws and codes of conduct and policies of the Society, and I understand and accept that neither the organisers, nor anyone whose name appears in connection with any event organised by or attended by members of the Society nor the Society or its Officials shall be liable for any injury, loss or damage which I may suffer to my person and/or my possessions, howsoever the same may be caused, and whether the same may occur before, during or after an event or re-enactment.
3. I understand that I may be called upon to contribute such amount as may be required (not exceeding £10) into the Company's assets for payment of the Company's debts and liabilities or of the costs, charges, and expenses incurred in the event of the said Company being involved in costly litigation, winding-up, or going into liquidation.
4. Your Membership of the Society lapses on 31st December 2024, when membership is due for renewal.
5. I understand that I am applying to join a 19th Century Historical Society and as such will abide by the rules of authenticity relating to dress, behaviour, weapons, equipment and tentage on all authentic camps and living history displays.
6. I declare that the information contained in this application form is to the best of my knowledge a true and accurate representation. I am over fourteen years of age. (N.B. If under eighteen you must provide your parent or guardian's consent.)
7. I declare that I am a fit and proper person (in terms of criminal legislation) and I know of no reason why I should not become a member of ACWS.

I enclose a Cheque/P.O. for £

made payable to *The American Civil War Society Ltd.*

Signature

Date

DECLARATION OF PARENT/GUARDIAN where applicant is under 18 Years of Age.

I declare that I am the parent/guardian of the above named person and that I give my consent to him/her becoming a member of the American Civil War Society Ltd.

Parent's/Guardian's Signature _____ Date _____

Please Print Name _____

INDIVIDUAL MEMBERSHIP @ £30.00

COUPLE or SINGLE PARENT FAMILY MEMBERSHIP @ £40.00

FAMILY MEMBERSHIP @ £50.00

A **Couple** is defined as two Married or Common Law Partners living in the same household.

A **Single Parent Family** is defined as one Parent, plus any Children aged 14 or over living in the same household.

A **Family** is defined as any number of members of the same family living in the same household.

Applicants must be aged 14 or over and must each complete a separate form.

PLEASE RETURN TO: The Membership Secretary, ACWS Ltd, PO Box 270, WASHINGTON, NE37 9BX

Web: www.acws.co.uk Email: membership@acws.co.uk