

# 2010 INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION

All LHA Memberships include Personal Injury Insurance as well as Safety Program Participation.

Select one:      *New*                      *Renewal*

\* NAME: \_\_\_\_\_

UNIT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*Liability Insurance* must be paid through *your reenactment group or organization* directly to the Eastern Insurance Company.

**TIME PERIOD REPRESENTED (circle all that apply; underline primary)**

Medieval      17th Century      French & Indian War      Rev. War      War of 1812  
Civil War      Indian Wars      WWI      WWII      Other: \_\_\_\_\_

**Family Memberships:** List as many as four additional "family" names to be covered by the injury insurance package.

\* 1. \_\_\_\_\_ Head of Household — \$30

\* 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\* Denotes voting members with a \$30 Family Membership. For families larger than 4 persons, please include \$1.50 for each person in the family over the 4th member.

**LHA Memberships are:**

\_\_\_\_\_ \$12 Associate      \_\_\_\_\_ \$20 Individual      \_\_\_\_\_ \$30 Family  
(for members of LHA Sustaining Membership groups)

I would like to donate \$ \_\_\_\_\_ to the LHA Building Fund

PLEASE FILL OUT THIS MEMBERSHIP FORM AND RETURN WITH PAYMENT TO:

LIVING HISTORY ASSOCIATION  
PO BOX 1389  
WILMINGTON, VT 05363

**Form of Payment:** (please check one)

Check \_\_\_\_\_ Money Order \_\_\_\_\_ \*Credit Card \_\_\_\_\_ \*Add 10% service charge for credit card payments.

American Express \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

OFFICE USE ONLY: Application Arrival Date \_\_\_\_\_ Processing Date \_\_\_\_\_