## 2018-2019 LIVING HISTORY ASSOCIATION SUSTAINING MEMBERSHIP & REQUEST FOR CERTIFICATE OF INSURANCE

RSON						
REPRESI	ENTED (circle one	e)				
val	17th Century	French &	Indian War	Rev. War	War of 1812	
Var	Indian Wars	WWI	WWII	Other		
			STATE		ZIP	
			Night			
WEBSITE  NTS FOR lase a Sustaby insurantividual, or enactmen lightly cover members with the required application contact pour 50% enclosed required A list of the recommendation of the required and the recommendation of the required and recommendation of the recomm	aining membership ace application. Al \$30 Family level. tinjury insurance, rage nor will they lawho wish to join the liability insurance pains form and check person's membership at lor if they are pain. Remember pleas the names and add.  Check	ARE: p in the LHA eso, 50% of you Be advised the but those who be considered the LHA to fill the	each year (\$50) ur unit members nat those unit me o don't join will as LHA membe your unit's 50%  osed per our cho e to Shoff Darb e enclosed.) ssociate (non-vo wn) is noted so addresses (plea r entire member ney Order	and enclose a pay must join the LH mbers who join to only be covered urs. A membership requirement. All ice from the Shofty Companies. (Auting), \$20 individually in the LHA can veries print clearly). Ship is enclosed.	ment amount as per the che IA at either the \$15 Associon the LHA at these levels will not the liability policy. To & injury policy form is errunit members must pay the second check of \$50 to LI dual or \$30 family member fy the 50% numbers in the second members in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$30 family member for the 50% numbers in the second check of \$50 to LI dual or \$50 t	oices described ate (non- l automatically hey will not nclosed in this e per head fee of their complete HA; for the unit ship is either ir records as
	_					
						_
						_
	REPRESIDATE  Any special any special any special any special and special and special application and special application and application and application and application and application and any special application and special application application and special application and special application and special application application application application application application application and special application applicati	REPRESENTED (circle one wal 17th Century Var Indian Wars  Indian Wars  RESS  WEBSITE  NTS FOR THIS POLICY Asse a Sustaining membership by insurance application. Allividual, or \$30 Family level. Benactment injury insurance, njury coverage nor will they members who wish to join the trains to the liability insurance parapplication form and check contact person's membership are enclosed (or if they are parequired. Remember pleas A list of the names and additional express  MENT: Check  American Express	REPRESENTED (circle one)  val 17th Century French & Var Indian Wars WWI   any special instructions on use of the fax not sees a Sustaining membership in the LHA of the senactment injury insurance, but those who spiritual, or \$30 Family level. Be advised the senactment injury insurance, but those who spiritually coverage nor will they be considered members who wish to join the LHA to fill retains to the liability insurance.  REQUIREMENTS CHECKLIST:  Our Liability Insurance payment is enclused application form and check made payable contact person's membership is also to be our 50% of membership at either \$15 A enclosed (or if they are paying on their or required. Remember please include their A list of the names and addresses of your MENT: Check Mo American Express	REPRESENTED (circle one)  val 17th Century French & Indian War  Var Indian Wars WWI WWII  STATE	REPRESENTED (circle one)  val 17th Century French & Indian War Rev. War  Var Indian Wars WWI WWII Other  STATE  Night  any special instructions on use of the fax number, such as the best time to use tests a Sustaining membership in the LHA each year (\$50) and enclose a pay by insurance application. Also, 50% of your unit members must join the LF lividual, or \$30 Family level. Be advised that those unit members who join to tenactment injury insurance, but those who don't join will only be covered unjury coverage nor will they be considered as LHA members. A membership members who wish to join the LHA to fill your unit's 50% requirement. All retains to the liability insurance.  REQUIREMENTS CHECKLIST:  Our Liability Insurance payment is enclosed per our choice from the Shof application form and check made payable to Shoff Darby Companies. (A contact person's membership is also to be enclosed.)  Our 50% of membership at either \$15 Associate (non-voting), \$20 indivice enclosed (or if they are paying on their own) is noted so the LHA can veri required. Remember please include their addresses (please print clearly).  A list of the names and addresses of your entire membership is enclosed.  MENT: Check Money Order *V  American Express Expiration Date *V	REPRESENTED (circle one)  val 17th Century French & Indian War Rev. War War of 1812  Var Indian Wars WWI WWII Other  STATE

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

## REQUIRED MEMBERSHIP LIST

Please use an \* to indicate those who are joining the LHA to fulfill the 50% membership requirement

For umbrella organizations who are purchasing more than the base amount required by Shoff Darby for 30 members or less, every person above the 30 member count can be calculated for the insurance on a per head basis by checking the cost chart located in the insurance package materials provided by Shoff Darby.

ALL GROUPS MUST HAVE EACH MEMBER OR FAMILY GROUP SEND IN THEIR OWN APPLICATIONS AS PART OF A PACKET (either with their own check or with a single unit check that takes care of everyone) OR THE UNIT CAN LIST THEIR MEMBERS BELOW WITH THEIR ADDRESS.

CONTINUE ON ANOTHER SHEET OF PAPER AS NEEDED. TYPE OR PRINT CLEARLY.

NAME	ADDRESS