

2019-2021 INDIVIDUAL & FAMILY MEMBERSHIP APPLICATION

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

Select one: New Renew

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 Shoff Darby Companies. LHA sponsored events with liability coverage is through LHA-HQ.

TIME PERIOD REPRESENTED (circle all that apply; underline primary) Medieval 17th Century

F & I War Rev. War War of 1812 Civil War Indian Wars WW I WWII Other: _____

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

*1. _____ Head of Household - \$30.00

*2. _____

3. _____

4. _____

* Denotes voting members with a \$30 Family Membership. For families larger than 4 persons please include \$2.00 for each person in the family over the 4th member.

LHA Memberships are:

_____ \$15 Associate (only members of: Sustaining Membership Groups) **Effective December 1, 2010, all members must acknowledge adherence to Safety Regulation by**

_____ \$20 Individual **signing below:**

_____ \$30 Family \$2.00 each additional family member over 4 persons As a member of the LHA, I agree to abide by all prudent safety guidelines and regulations as published by the

_____ \$50 Group or Institution (eligible for liability insurance) LHA on its website and available in print from the LHA headquarters office or those comparable guidelines

_____ \$100 Winter Soldier Membership provided by units while participating in reenactment and living history activities.

_____ \$250 Haym Solomon Membership

Signature of primary member

_____ I would like to donate _____ to the LHA Building Fund

_____ *Total amount enclosed*, Please fill out, sign and return membership form with payment to:

LIVING HISTORY ASSOCIATION, PO BOX 1389, WILMINGTON, VT 05363

Form of Payment: (please check one) Add 10% Service charge for credit card payments

Check _____ Money Order _____ Credit Card: American Express _____ Visa _____ Master Card _____

CARD # _____ Expiration date _____

Signature _____ CCV 3Digit #code back of card _____

OFFICE USE ONLY: Application Arrival Date _____ Processing Date _____

2019-2021 INDIVIDUAL & FAMILY MEMBERSHIP APPLICATION WITH INJURY INSURANCE

These Memberships must all be a part of a Sustaining Member (unit) in order to also be covered by **liability insurance**. Only members of the LHA who pay dues in either the \$15 Associate (non-voting) level, \$20 Individual, \$30 Family or higher levels are covered for injury insurance. Unit Sustaining Membership entitles the contact person and his or her family for reenactor injury insurance. Units having these memberships can purchase "liability" insurance from our carrier Shoff Darby Companies.

You are not covered for injury insurance if you are simply listed on the roster of liability insurance for an LHA member unit. The liability package and injury package are two separate entities offered by two different policies. With the liability policy each unit joins and lists their membership for liability coverage, but those unit members are not LHA members unless they buy an Associate or higher level of membership for themselves.

The LHA Membership & Insurance Offer includes: 12 months of membership rights to include publications, event notices, and voting rights (unless you join at the Associate level which excludes voting rights) as well as the injury insurance plan coverage as follows:

Insurance coverage will act as a primary INJURY insurance coverage for your family while they are reenacting and traveling to and from a reenactment if you currently have no family insurance coverage. If your family currently has coverage (such as Blue Cross/Blue Shield), then this coverage will act as a secondary coverage, picking up the deductible amount of your current coverage. This policy is in no way connected to the liability insurance policy provided to LHA units and organizations.

BENEFITS PROVIDED~

\$5,000.00	Simple injuries, Accident Medical Expense Benefit
\$15,000.00	Loss of Life
\$50,000.00	Loss of Two or More Hands or Feet; Loss of Sight of Both Eyes; Loss of One Hand, or Foot and Sight in One Eye; Loss of Speech and Hearing
\$50,000.00	Quadriplegia; Paraplegia; Hemiplegia
\$25,000.00	Loss of One Hand or Foot; Loss of Sight in One Eye; Loss of Speech; Loss of Hearing in Both Ears
\$12,500.00	Loss of Thumb and Index Finger of the Same Hand
\$500,000.00	Aggregate Limit

Coverage will extend from reenactment activities associated with a variety of historical weapons, historical camping, battles, socials, or dances, as well as travel to and from the events. Claims are paid directly to the injured parties.

Please make as many copies of this form as needed. Each person becoming an LHA member must fill out this form listing each family member's name in order to insure them or they must be listed on a Sustaining Membership form. **You must completely fill out the address information.**

Descriptions of the membership categories and additional forms can be found on our website:

www.livinghistoryassn.org/membership