



FORCES OF MONTCALM & WOLFE

2018

MEMBERSHIP APPLICATION

Name (s) (2 primary): _____

Forces dues covers insurance for up to two members from one family. If you elect to have more than two family members covered by liability insurance, please include **an additional \$5.00 each** and list names (required for coverage) below: (if under 18 please include age)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

British French Native American (allied British French circle one)

Unit Affiliation (if any) : _____

Membership: _____ Renewal _____ New

Family* Individual (circle one) \$20.00/yr either

*Plus **\$5.00 each** to extend insurance coverage to family members beyond the two (2) primary names.

Please make check payable to "Forces of Montcalm & Wolfe"

Mail completed application and check to:

Roger Hooper
627 Park Ave.
Lafayette, IN 47904

Remember that 2017 memberships expire Dec. 31 2017. Please renew for 2018 before Mar 10