

# SECOND VIRGINIA REGIMENT



## APPLICATION

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE( ) \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

SPOUSE (IF ANY) \_\_\_\_\_

CHILDREN (NAMES AND AGES) \_\_\_\_\_

SPONSOR (PLEASE PRINT) \_\_\_\_\_

SPONSOR'S SIGNATURE \_\_\_\_\_

ILL. FIOD # (Firearms Owners Identification #) \_\_\_\_\_

Each applicant 14 and over must fill out an application form.

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### FOR OFFICE USE ONLY

1st Event as guest of 2nd Virginia \_\_\_\_\_ Date \_\_\_\_\_

2nd Event as guest of 2nd Virginia \_\_\_\_\_ Date \_\_\_\_\_

Date promoted to Recruit Status \_\_\_\_\_

Date promoted to Full Membership \_\_\_\_\_