

CHATHAM ARTILLERY APPLICATION FOR MEMBERSHIP

Received _____ w/\$ _____

Elected _____ Member # _____ Class _____

FULL NAME: _____ RANK: _____ AGE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

CONTACT TELEPHONE: _____

PREFERRED EMAIL ADDRESS: _____

CIVILIAN OCCUPATION: _____

BUSINESS ADDRESS: _____

PLACE WHERE MAIL (Notices) TO BE SENT: _____

MEMBER OF OTHER SOCIAL/MILITARY ORGANIZATIONS: _____

NEW MEMBER CERTIFICATION: DATE: _____

I hereby subscribe to the By-Laws of, and apply for membership in the Chatham Artillery Corporation.

Active Member Application: I certify that I have served 2 years in the Georgia National Guard or active duty, 1 year or more of which must have been in a properly designated active Chatham Artillery unit or detachment, or a member of the National Guard who is assigned to a properly designated active Chatham Artillery unit or detachment and served with the unit in a Theater of Operations when mobilized to active Federal service.

Dates of Service Georgia National Guard/Active Duty: from _____ to _____

Dates of Service Active unit of the Chatham Artillery: from _____ to _____

Dates of Service Active unit of the Chatham Artillery on Active Service in a Theater of Operations in Federal Service:

Theater _____ Date from _____ to _____

Designated Chatham Artillery Unit: _____

Veteran Member Application: I certify that I have served 2 years in the Georgia National Guard or active duty, 1 year or more of which must have been in an Army National Guard unit or detachment designated as a Chatham Artillery unit or detachment, or a member of the National Guard who was assigned to a properly designated active Chatham Artillery unit or detachment and served with the unit in a Theater of Operations when mobilized to active Federal service, or an Artillery unit designated as one of the Historical Units of the Savannah Volunteer Guards, Georgia Hussars, Republican Blues, Irish Jasper Greens, or German Volunteers and stationed in Chatham County, Georgia.

Dates of Service Georgia National Guard/Active Duty: from _____ to _____

Dates of Service Active unit of the Chatham Artillery: from _____ to _____

Dates of Service Active unit of the Chatham Artillery on Active Service in a Theater of Operations in Federal Service:

Theater _____ Date from _____ to _____

Dates of Service designated Historical Unit: from _____ to _____ Designated Historical Artillery Unit: _____

STATEMENT OF PRIOR MILITARY SERVICE: _____

APPLICANT SIGNED: _____ Date _____

Recommended by: _____ Action By Membership Committee: Accepted: _____ Rejected: _____

Member _____ Chairman: _____ Member: _____

Member _____ Member: _____ Member: _____

Date: _____ Member: _____ Member: _____

Note: Application must be recommended and endorsed by three (3) active Chatham Artillery Corp Members.

Application must include \$25.00 Application Fee.

(Revised 3/18/2015)