

# Great War Historical Society

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## GWHS Membership Form

### **Part I- Membership information (please PRINT clearly)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ GWHS Newsletter: email copy \_\_\_\_\_ Hard copy \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Occupation: \_\_\_\_\_ Can you take calls at work? \_\_\_\_\_ Number: \_\_\_\_\_

Are you willing to travel outside your home state? \_\_\_\_\_ Wife's name: \_\_\_\_\_

Interested in participating in some capacity? \_\_\_\_\_

### **Part II-Unit Affiliation**

#### Central Powers

Infanterie Regiment 23

6<sup>th</sup> Sturm Pionier

K.u.K. 61

#### Allies

364<sup>th</sup> US Infantry

45<sup>th</sup> Marines

151 RIL

La Legion Russe

13<sup>th</sup> Canadian Black Watch

17<sup>th</sup> Lancers Duke of Cambridge

2<sup>nd</sup> Lancashire Fusiliers

Royal Marines Light Infantry

I am a member of: \_\_\_\_\_

Unit Commander: \_\_\_\_\_

How long have you been in this unit? \_\_\_\_\_ New Member? \_\_\_\_\_

### **Part III- Medical Information**

This is in case of an emergency, so we can take care of the problem as soon as possible.

Hospitalization Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Other Comments on medical: \_\_\_\_\_

I hereby authorize the release of this information to the emergency or healthcare personnel at the discretion of the unit leadership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian signature (if applicant is under the age of 18) \_\_\_\_\_