



## UNION ARMY OF THE WEST, INC. APPLICATION FOR UNIT MEMBERSHIP

Unit Name: \_\_\_\_\_

Company Commander Name: \_\_\_\_\_ Rank: \_\_\_\_\_

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

\_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel # : \_\_\_\_\_

Please specify type of unit (Artillery, Cavalry, Infantry, or other), and briefly outline your main function, either combatant or civilian:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete this "Application for Unit Membership" in its entirety, and submit to the Vice President of Membership for review and approval. ALSO, please attach and submit any "Applications for Personal Membership" that have been completed by members of your unit for review.

The Board of Directors will review and approve this application. Your Point of Contact will be notified as soon as the Board renders its decision.

**AJ Gonzalez, Vice President of Membership**

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Received on: \_\_\_\_\_

Received by: \_\_\_\_\_

Board decision: \_\_\_\_\_

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