6th MARYLAND REGIMENT/CECIL MILITA ENLISTMENT FORM

All applicants must fill out a membership application and pay dues.

You should attend a minimum of three events over a six-month period so that you can learn the drill and black powder safety

BASIC INFORMATION:			
Name:			
Mailing Address:			
City:			_
Home Phone:			
Email:			
Preferred method of communication	Email	Home Phone	Cell Phone
How did you learn about the 6th MR? _			
SPECIAL INTERESTS:			
Military History- Social History- Hando	rafts-Milita	ry Music- Artillery-	Costume & Textiles
Infantry- Black Powder Gunnery			
Other special interests (please specify):			
EMERGENCY INFORMATION:			
Emergency Contact Name:			
Emergency Contact Phone:			
Health Problems (of which we should be	e aware):		
Medications:			
While the 6th MR stresses safety	•	S	•
dangerous. By signing this application, t		<u> </u>	
for injury or damages resulting from his	-		
acknowledges his/her willingness to cor	nply with 6t	th MR policy and st	andards.
Signed:			
**Applicants under the age of 18 m	ust have the s	ignature of a parent or	legal guardian.