



7th Maryland Volunteer Infantry Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Date of Birth: _____ E-Mail address: _____

Infantry: _____ Civilian: _____ Other: _____

Please describe the
impression you would like to do: _____

Dues: _____ Family-\$20./yr. _____ Individual-\$10./yr. _____ * Associate-\$6./yr.

** Associates may participate in up to 4 events per year upon approval of Company Commander.*

Payment must accompany application.

Please make check payable to: 7th Maryland Regiment Volunteer Infantry

In case of emergency,
Please notify: _____ Phone: _____

Applicants under 18 years of age require signature of
Parent or guardian: _____

Mail or present to:
Gen. Jay Henson
108 E. Maple Ave.
Saint Michaels, MD 21663