

*Charleston Sharpshooters
Company G, 27th SCVI*

Membership application
Please print

Name _____
Last First

Address _____

Phone: Home (____) _____--_____

Cell (____) _____--_____

E-Mail: _____

Emergency Contact:

Name/Relationship _____

Phone (____) _____--_____

Impression you are interested in. Mark all that apply.

Provost _____ Navy _____ Marine _____ Artillery _____

Civilian _____ Infantry _____ Medical _____ Other _____

Date voted _____ Date Accepted _____

Date Paid _____ Amount _____

Cash _____ Check _____ Check
Number _____

Events: _____

