



NORTH-SOUTH SKIRMISH ASSOCIATION, INC. ROSTER CHANGE REQUEST

Please type or print clearly. Provide all requested information, including the member's 9-digit Zip Code, as completely and accurately as possible. Remember, future service to the member, including *The Skirmish Line* delivery, depends on the information given on this form. **Our mailing list program does not print labels for addresses lacking the full 9-digit Zip Code.** When entering a member's name, be sure to include the middle initial to satisfy insurance requirements. If the member has no middle initial, write "none" or "N/A" in this space. Do not leave this space blank.

Organization _____

Seniority No. _____

Region _____

Date _____

Applicable Fees and Charges

Initiation Fee (all new members after 2/1/08)
\$25.00

Transfer
No charge

New Member
\$50.00

Late Fee
\$5.00

Replacement Card
\$1.00 at renewal time
\$3.00 thereafter

Membership cards will normally be mailed to one address only. If you want cards mailed to individual members, please include first class postage for each additional address. Make all checks payable to *The North-South Skirmish Association, Inc.*

New Member Late Member Address Change Replacement Card Transfer Deceased

Competitor Number _____

1990 Land Purchase Contributor Yes No

Last Name _____

First Name _____ Initial _____

Address _____

City _____ State _____ Zip _____ - _____

New Member Late Member Address Change Replacement Card Transfer Deceased

Competitor Number _____

1990 Land Purchase Contributor Yes No

Last Name _____

First Name _____ Initial _____

Address _____

City _____ State _____ Zip _____ - _____

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Competitor Number _____

1990 Land Purchase Contributor Yes No

Last Name _____

First Name _____ Initial _____

Address _____

City _____ State _____ Zip _____ - _____

Mail this completed form to:

Send cards to: Member Person/address below

North-South Skirmish Association, Inc.
Dot Willauer, Executive Secretary
P.O. Box 211
North East, MD 21901-0211
