



MEMBERSHIP APPLICATION

Please keep a copy for your records.

Impression name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell: _____

E-Mail: _____

Are you involved in Living History or reenacting at this time? Yes No

If yes please give details.

Please list your reenacting experience and how you/your persona would enhance the FGC:

Does your family have an active interest in Living History? Yes No

If yes please list names of family members below:

In consideration of my membership application, I agree to abide by the bylaws, policies and procedures of the FGC.

Signature: _____