

# *105th Ohio Volunteer Infantry*

## *2012 Membership Form*

*Civil War Living History Organization*

**Commander Jonathan Smith**  
a105ovi@outlook.com\_\_\_\_\_

**Captain Jonathan Smith**  
a105ovi@outlook.com\_\_\_\_\_

### ***The Following Information Is Required***

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children Name & Age  
\_\_\_\_\_  
\_\_\_\_\_

Contact In Case Of Emergency \_\_\_\_\_  
**Name, Relationship, Phone #**

**Do You Currently Own Your Own      Uniforms      Weapon      Accoutrements**

**Do You Have Any Physical Disabilities or Take Any Medications. If So, Please List On Back Of Form.**

I Acknowledge that Re-enacting, Black Powder Shooting, and Related activities are HAZARDOUS. And, that I have made a Voluntary Choice to participate in those Activities despite the risk they may present. In consideration of my being permitted to participate in activities described in the Civil War Program of the 105st Ohio Volunteer Infantry. I agree to assume any and all risks of injury or death, which may be associated with or result from my participation in events and activities.

**I, The Undersigned, Have Read And Understand This Release And All It's Terms.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Mail This Form To:

**105<sup>th</sup> OVI Event Coordinator**  
**Jonathan Smith**  
**1728 Brookfield Rd**  
**Hubbard, Ohio 44425**

Please Enclose Membership Fee \$30.00 \_\_\_\_\_

Make Check Payable To:

**105<sup>th</sup> Ohio Volunteer Infantry**