

148th P.V.I. Co. C Application

INCLUDE CHECK WITH SUBMISSION

FULL NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

AGE _____ **D.O.B.** _____/_____/_____

CELL _____ **PHONE** _____

EMAIL _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY (EXPLAIN IF "YES")? _____

HOW DID YOU HEAR OF THE 148TH PVI Co. C? _____

INDIATE 148TH SPONSOR (OR "NONE") _____

LIST MEMBERSHIPS IN OTHER CIVIL WAR ORGANIZATIONS (OR "NONE") _____

OTHER COMMENTS (OR "NONE") _____

DATE _____/_____/_____

SIGNED _____

GUARDIAN SIGNS (IF MINOR) _____

SUBMIT WITH 148TH P.V.I. Co. C EVENT MEDICAL RECORD