



## Trevet's Company - Membership Application

*Please email your completed form to Tom at [thurber.tom@gmail.com](mailto:thurber.tom@gmail.com)*

*Membership fee: \$30 for individuals over 18 / \$30 for families*

*Make checks payable to: Lieutenant John Trevet's Company of Marines*

*Mail to: 332 East Stafford Ave, Laurel Springs, NJ 08021*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Names of family members joining the Marines (please indicate minors)  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred by a current member of the Continental Marines? If so, who?  
\_\_\_\_\_

Summary of any previous historical reenacting or military experience and/or main areas of interest in historical interpretation moving forward.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies or medical conditions we should be aware of to properly support your participation?  
\_\_\_\_\_

By signing below, I acknowledge that there is a probationary period of membership lasting a minimum of (3) events. Full membership must be approved by vote of the members of the Continental Marines. Members who wish to carry arms must be 16 years of age and have parental permission to participate. Participation at events is permitted to dues paying members, for the purposes of insurance coverage.

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

Online Payments accepted through:



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