



South Carolina Ladies Auxiliary Application for Membership

DATE _____

Name: _____ Date Of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Office _____

Fax: _____ Mobile: _____ Beeper: _____

E-Mail: _____ Web Site: _____

Occupation: _____

Emergency Contact:# _____

Medical Conditions Or Allergies: _____

Doctor/Ins/Medications: _____

Are you affiliated with another reenacting unit? _____

Family Info: Please give name & date of birth of children:

Spouse: _____

Children: _____

Annual dues are \$ **30** per year. (This includes state PSRS dues.) Make check payable to SCLA. Submit application and check to the Membership Chair or a member of the Board.

“I am applying for membership in the South Carolina Ladies Auxiliary. I have read the By-laws and agreed to abide by them and believe that I have met the requirements for membership. I will complete the Orientation Program within 90 days (consists of a Fabric Night, a Paperwork session, and attending an event in correct period dress.”

APPLICANTS SIGNATURE: _____

SPONSORS SECTION

We have agreed to sponsor this applicant in the SCLA. We believe that she has met the requirements and is willing to abide by the by-laws.

(Signature) _____

Print name of sponsor:

(Signature) _____

Print name of sponsor:

BOARD SECTION

Date: _____

The Board has reviewed this application and has voted to ACCEPT / REJECT the above as a member of SCLA.

If accepted, Effective Date of membership: _____

If rejected, check for dues were returned on (date) _____, by (whom) _____.

Signature of Membership Chair (or a Board Member) _____

Dates Orientation sessions completed:

_____ Fabric Night _____ Paperwork session _____ Event

PSRS Unit Rep _____

Check # _____ Date sent to PSRS _____