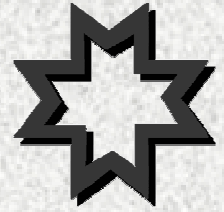


# Membership Form

Markland Medieval Mercenary Militia, Ltd.  
PO Box 715, Greenbelt MD 20768-0715



## Primary Membership Information

Name:		Date:
Street Address:		
City:	State:	Zip:
Phone:	Date of Birth - minors under 18 only:	

If this is a NEW membership, how did you find out about Markland? \_\_\_\_\_  
 May we publish your name in the Markland Roster for member use only? YES NO  
 If this is a RENEWING membership, enter ONLY the information that is changing. Member No.: \_\_\_\_\_

## Optional Information

Medieval Name:	Professional Field/Occupation/Major:
Group Affiliation:	Email Address:

You may list one or two Official groups to have your membership counted with. If two are listed, your membership will count 1/2 towards each group. **NOTE: You are not required to be affiliated with ANY Official Group.**

## Secondary Membership Information (Joint Memberships)

Name:	
Medieval Name:	
Group Affiliation:	Email Address:

## Membership Types and Rates - per Year

<input type="checkbox"/>	Individual Membership (18 years and older)	\$20.00	
<input type="checkbox"/>	Joint Membership (2 votes, one newsletter - does not include children)	\$25.00	
<input type="checkbox"/>	Student Membership (Full Time Only)	\$15.00	
<input type="checkbox"/>	Child's Membership (under 18)	\$5.00	
<input type="checkbox"/>	Temporary REC Fighter Membership* (One event only) <small>*still have to be evaluated by REC Reeve to qualify as a REC Fighter</small>	\$5.00	
<input type="checkbox"/>	Personal Accident Insurance (per person)	\$4.50	
	Additional Contributions		
		<b>Total:</b>	

\*Please Note: Fighters aged 16 & 17 in all fighting disciplines must have a notarized waiver on file signed by parent or legal guardian.  
 Please contact the Bailiff for more information.

Please make checks payable to Markland, Ltd.

For internal use only:
Member # _____
Pmt Method: _____