2025 Reenactment Guild of America Membership Application

Name:	Alias:		
Street Address:			
City:		State:	Zip:
Phone:Email:			
Group Associations (if any):			
My interests (check as many as you like):			
Old West Performances Historical P	ortrayals/Living Histories	Encampments	
Other (specify):			
I, the undersigned, state that I verify that all name a member of Reenactment Guild of America (RGA guidelines posted at www.rgaamerica.com when insurance. Failure to comply could result in loss of RGA Board of Directors.	a), I have read and will follow a ever representing myself as an	ll RGA Safety Rules RGA member and	s, Bylaws, and other rules and using the organization's
Check:			
My information can be shared within the organiz	ation to keep me informed about	RGA	
Please do not share, except with the National off	ice and my State Director		
I would like to receive newsletters about events a	and news about what is going on i	n RGA	
Signature:		_Date:	
If under 18, Legal Guardian signature:			
Relationship:		_ Date:	
New application (Send full length color	photo in period correct clot	hing with applica	tion)
Renewal - RGA Number	Send full length color photo	o in period correc	t clothing with application)
Membership Fees:			
\$45 with RGA Insurance			
\$35 without RGA insurance (requires De	claration of Insurance for RG	GA files)	
\$25 if under 18 years of age (\$45 upon c	ompletion of RGA Youth Pro	gram if carrying a	gun)
* Membership Discount is available for new members only whe full fee applies. Annual dues when paid on time go from Jan. 1		aid to the end of that yea	ar, FIRST YEAR ONLY! After that, the
Window Decals (full color): x\$5 each = \$	Add to Membership du	es. Price includes sl	nipping.
Send application (including photo) and fees to:	Kim Bundy RGA Membership Office 4108 FM 230 Lovelady, TX 75851	r	

Rev. 12/1/2024