



**12th United States Infantry
Company A
Enlistment Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Occupation: _____

Birth Date: _____

Enlisting As:

Private _____ Musician: _____ Fifer _____ Drummer _____ Bugler _____

Other Military (Specify) _____

Civilian _____

What area of interest do you have in the American Civil War?

Note: For family membership please fill out one form for each member of the family. Dues are \$20 per family. Insurance is \$20.00 per individual 12 and older. Under 12 years is \$10.00 per person. Please make the check payable to the 12th US Infantry. Mail to 12th US Infantry / 706 Church Street /North Syracuse, NY 13212. Members will be provided with a medical card they will keep and carry with them at all reenactments.

*Sargent Grant Denis
President*

*Captain Neil MacMillan
Commanding*