



**12<sup>th</sup> 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 12<sup>th</sup> US Infantry. Mail to 12<sup>th</sup> US Infantry / PO Box 5384 / Syracuse, NY 13220-5384. Members will be provided with a medical card they will keep and carry with them at all reenactments.**

*Private Jim Hurd  
President*

*Captain Neil MacMillan  
Commanding*