

**117th Infantry Regiment / 30th Infantry Division - HRS  
Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Renewal / New member (Circle one)

Primary member / Secondary member (Circle one)

Primary unit affiliation if Secondary member: \_\_\_\_\_

Serial Number (One may be assigned to you): \_\_\_\_\_

Birthdate: \_\_\_\_\_

List any outstanding medical conditions: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**I agree to follow the 117th IR/30th ID - HRS and the WWII HRS by-laws, safety, and authenticity rules and understand that military re-enacting is inherently dangerous and do so at my own risk.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Official use only - Do not write in this space**

Dues paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Unit dues are **\$15** per year. Please make checks out to: **117th IR, 30th ID WWII HRS**

Mail application, code of conduct and dues to:

**D. Byrnes  
5348 35th Avenue South  
Minneapolis, MN 55417**