## **Colonel Ogden's First New Jersey Regiment**

## Member Application Form

Name:	
Address:	
City:	
State:	Zip Code:
Telephone Number(s):	
Email Address:	
Birth date:	Sex:
How did you hear about the 1 <sup>st</sup> NJ Reg	giment?
Have you ever been a member or are s describe if you care to:	till a member of another living history organization? If so, please
Please choose whom you would like to Soldier Musician Campfollower Other (please describe	
	ne Constitution and By-Laws of Colonel Ogden's First New Jersey iment to perform background checks as needed. All the information ue to my knowledge.
Signature:	Date:
Legal Guardian (if applicant is under 18 yea	urs of age):
	Date:

Annual Dues: \$25 for individual, \$40 for family.

Please make checks payable to: Col. Ogden's 1st New Jersey Regiment and send this application and check to:

Dan Kaluhiokalani 6304 Wyndam Road Pennsauken, NJ 08109