



2ND FLORIDA LIGHT ARTILLERY ENLISTMENT APPLICATION

I am requesting membership in the 2nd Florida Light Artillery.

Applicant Information (Please Print Clearly):

Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Application Type (Please Check One):

- Artillerist** – participates in reenactments on the battlefield and at living history events
 Civilian – participates in reenactments and living history events, but not on the battlefield
 Auxiliary – supports the unit, but does not participate in reenactments or living history events

By signing this application, I acknowledge the following:

1. I have read and will abide by the Unit Rules as described in the “2nd Florida Light Artillery Battery A Unit Handbook”, found on the Unit’s website at www.2ndfloridalightartillery.com/Documents/2ndFloridaLightArtilleryUnitHandbook.pdf; and,
2. I have read and will abide by the Code of Conduct of the 2nd Florida Volunteers Living History, Inc., found on page 26 of the Corporation’s Bylaws on the Corporation’s website at: www.2ndflvlhi.com/Documents/2ndFLVOLLHIBYLAWS.pdf; and,
3. I will follow faithfully the orders of my superior officers and the Unit Commander, and will follow the artillery drills of the United States Army Field Artillery Association (USFAA) and the Royal Hutt River Artillery to the best of my ability; and,
4. All of the information given here is accurate to the best of my knowledge.

Signature

Date

Parent’s or Guardian’s Signature
(if applicant is under 18 years old)

Date

**Application
Status:**

Granted
 Declined

Date:

Initials: