



2025 FORCES OF MONTCALM & WOLFE MEMBERSHIP APPLICATION

Name(s) (2 primary): _____

Forces dues cover insurance for up to two members from one family. If you elect to have more than two family members covered by liability insurance, please include **an additional \$5.00 each** and list names (required for coverage) below: (if under 18 please include age)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

____ British ____ French ____ Native American ____ Civilian

Unit Affiliation (if any): _____

Membership: _____ Renewal _____ New

Family* Individual (circle one) \$20.00/yr either

*Plus **\$5.00 each** to extend insurance coverage to family members beyond the two (2) primary names.

Please make check payable to "Forces of Montcalm & Wolfe"
 Mail completed application and check to:
Forces of Montcalm and Wolfe
1826 Shelby St
New Albany IN 47150

Or renew and pay via Pay-Pal at <https://www.paypal.me/MontcalmWolfe>

Please list every name related to your PayPal renewal in the comment box.

Paypal Check Cash