



# 2026 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"*

*check box if you would like a physical card*

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