



Membership Form

Markland Medieval Mercenary Militia, Ltd.
PO Box 715, Greenbelt MD 20768-0715



Primary Membership Information

Name:		Date:
Street Address:		
City:	State:	Zip:
Phone:	Date of Birth – minors under 18 only:	
Email:	Check here to opt OUT of electronic receipt of documents <input type="checkbox"/>	

If this is a NEW membership, how did you find out about Markland? _____
 May we publish your name in the Markland Roster for member use only? YES NO
 If this is a RENEWING membership, enter ONLY the information that is changing.

Optional Information

Medieval Name:	Professional Field/Occupation/Major:
Group Affiliation:	

You may list one or two Official Groups to have your membership counted with. If two are listed, your membership will count 1/2 towards each group. **NOTE: You are not required to be affiliated with ANY Official Group.**

Secondary Membership Information (Joint Memberships)

Name:	
Medieval Name:	
Group Affiliation:	Email Address:

Membership Types and Rates – per Year

<input type="checkbox"/>	Individual Membership (18 years & older)	\$25.00	
<input type="checkbox"/>	Joint Membership (2 votes, one newsletter – does not include children)	\$35.00	
<input type="checkbox"/>	Student Membership (Full Time Only)	\$15.00	
<input type="checkbox"/>	Child’s Membership (under 18)	\$5.00	
<input type="checkbox"/>	Temporary REC Fighter Membership (One Event Only) <small>*still have to be evaluated by REC Reeve to qualify as REC Fighter</small>	\$5.00	
<input type="checkbox"/>	Personal Accident Insurance (per person)	\$4.50	
Additional Contribution			
*Please Note: Fighters aged 16 & 17 in all fighting disciplines must have a notarized waiver on file signed by parent or legal guardian. Please contact the Bailiff for more information.		TOTAL	

For internal use only: Member # _____ Pmt Method: _____

Please make all checks payable to Markland, Ltd.