



Seven Years' War, Incorporated

2010 Unit Application

Deadline: January 1, 2010

Print this sheet out and complete all information. Attach extra sheets as necessary. Please email completed unit application with signature & roster sheet to information@sevenyearswar.org. Or mail completed application with signature & roster sheet to:

**Seven Years' War Inc.
PO Box 382
Ada, MI 49301**

Please check one of the following:

- Imperial Unit (French, Austrian, Russian & Allies)
 Allied Unit (English, German & Allies)
 Native

Please print clearly

Unit Name:

City in which Unit is Based:

Unit Commander and Contact Information:

Name:

Address:

Email:

Phone:

Contact Person Information if different from Unit Commander:

Name:

Address:

Email:

Phone:

Number of Combatants (fill out attached roster):

(Battle Field Participants, i.e. Flag Barrier, Musicians, Messenger)

Number of Follower of the Army (fill out attached roster):

(Non-battle field participants, i.e. women, children, non-military persona)

To be considered a Voting Member Unit, the unit must field 6 infantrymen or 4 artillerists with a cannon or 4 cavalry with horses.

Signed _____ Unit rep for _____



Seven Years' War, Incorporated

2010 Dues Assessment Form

Deadline: January 1, 2010

Print this sheet out. Fill it out. Be sure all below areas are answered, include payment, a list of insured and return to:

**Seven Years' War Inc.
PO Box 382
Ada, MI 49301**

Please check one of the following:

Imperial Unit (French, Austrian, Russian & Allies)	
Allied Unit (English, German & Allies)	
Native	

Please print clearly

Unit Name:	
City in which Unit is based:	

Unit Commander and Contact Information:

Name:	
Address:	
Email:	
Phone:	

Contact Person Information if different from Unit Commander:

Name:	
Address:	
Email:	
Phone:	

Please check those that apply and fill in the appropriate amount:

Voting Member Unit	<input type="checkbox"/> infantry	<input type="checkbox"/> artillery	<input type="checkbox"/> cavalry	\$ 25.00
Associate member	Number of members		X \$5.00/ea	\$
Insurance Section	Number to be Insured		X \$7.00/ea	\$
Date			Total Enclosed	\$

Please make checks or money orders payable to Seven Years War, Inc.

Form No. 02-08



SYW Unit Membership Roster

Deadline: January 1, 2010

Instructions:

1	Please complete all information for each individual. If person does not have email, please indicate by N/A. Please verify all emails.
2	Please indicate whether individual is Solider or Follower of the Army (FOA). Indicate rank of solider.
3	Please indicate those individuals who are purchasing SYW insurance with a Y. Those not purchasing SYW insurance indicate with N.
4	All information is to be complete. Rosters with incomplete information will be returned to the unit commander for completion.

If you have any questions or concerns, please feel free to contact Seven Years' War, Inc. at information@sevenyearswar.org.

Thank you.

2010 SYW Unit Membership Roster

Deadline: January 1, 2010



Please select:

Allied:

Imperial:

Native:

Date: _____
 Unit Name: _____

	Last Name	First Name	Email	Address	Address 2
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Date:
Unit Name:

	Last Name	City	State	Zip	Solider / FOA	Rank if Soldier	Insurance (Indicate Y or N)
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