

**1st Tennessee Heavy Artillery
Company K**

Membership Application

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ **E-Mail:** _____

Date of Birth: _____

**List any previous involvement in reenactment attendance or participation;
SCV or UDC groups or other like groups:**

What is your area of interest?

1. Artillery

2. Civilian

**List any known health conditions/complications that 1st TN Heavy Artillery Co. K needs to made aware of in
case of an emergency:** _____

Emergency contact (Name, Relationship, Phone, and Cell: _____

**Mail to: Captain Marty Warren
 842 Cook Road
 Cedar Grove, TN 38321**