

Please print all information clearly - if it is illegible, it will be ignored.

Independent Membership for BTL, Civilian Distaff and The Guild

Date : _____



* Site Affiliation : _____

Business Name : _____

Owner / Contact : _____

Address : _____

Phone : _____ Email : _____

* = not required

The Burning of the Valleys Military Association (**BVMA**) is composed of units, which re-enact mostly the Revolutionary War in the Mohawk, Schoharie and Upper Hudson Valleys. The war in the valleys, was really a 'civil' war conducted mostly by former neighbors and estranged relatives. In the three year period from 1778 to 1781 a little over two thirds of the valleys were burned to the ground and a little under one third of the civilian population carried away or killed, thus the period was referred to as 'The Destructives'.

This application and all subsequent requests for renewal should be processed through your BVMA affiliated unit if at all possible. The only exceptions, are those individuals who are members of the BTL, or are specific Civilian Distaff or independent Guild members. Our current structure for dues applies to all participating adult members 16 years or older. Any members under the age of 16 are free.

An annual membership in the BVMA is \$ 10.00 per adult over the age of 16.

All commanders should remit the units yearly dues in a single payment of either US currency or Check. The payment should be made to: **BVMA Inc.** Along with your dues, please enclose a complete legible list of all individuals paying from your unit, including contact information. **This information should include: Name, Complete Address, Phone and Email if possible.** Members under 16 years old should be included on your list as well, in order to help keep track of them as part of the Distaff contingent. Membership cards will be issued only to those individuals who have paid their yearly dues.

Below, please describe your interpretation, trade or business : _____

Please complete the back of this form also.

Please list all others that will be on site with you, either to help with your interpretation, or the operation of your business.

Name: _____
Street: _____
City: _____ State: _____ Zip + 4: _____
Country: _____ Phone: _____ Email: _____
• Adult • Child under 16 years of age

Name: _____
Street: _____
City: _____ State: _____ Zip + 4: _____
Country: _____ Phone: _____ Email: _____
• Adult • Child under 16 years of age

Name: _____
Street: _____
City: _____ State: _____ Zip + 4: _____
Country: _____ Phone: _____ Email: _____
• Adult • Child under 16 years of age

Name: _____
Street: _____
City: _____ State: _____ Zip + 4: _____
Country: _____ Phone: _____ Email: _____
• Adult • Child under 16 years of age

Name: _____
Street: _____
City: _____ State: _____ Zip + 4: _____
Country: _____ Phone: _____ Email: _____
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Name: _____
Street: _____
City: _____ State: _____ Zip + 4: _____
Country: _____ Phone: _____ Email: _____
• Adult • Child under 16 years of age