

12th VA Regiment

Longstreet's Corp General Liability Insurance

Certification / Purchase

CHECK ONE; COMPLETE THE REQUESTED INFORMATION FOR YOUR SELECTION, AS INDICATED.

- I am a member of _____ (unit name), Longstreet's Corp. My unit membership dues, including fees for the Longstreet's Corp General Liability Insurance have been paid and are current for _____ (calendar year).
- I am a member of _____ (unit name), which is not a member of Longstreet's Corp. My unit membership dues, including fees for offered General Liability Insurance is paid and current for _____ (calendar year).

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- I am not a member of any unit currently providing General Liability Insurance. I understand that the coverage is required in order to participate in activities with members of the 12<sup>th</sup> VA Regiment. Coverage can be obtained through a member of the unit for the fee currently assessed member of the unit. **Checks are payable to Longstreet's Corp.**

**COMPLETE INFORMATION BELOW; PLEASE PRINT EXCEPT AS REQUIRED FOR SIGNATURE.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

\_\_\_\_\_

signature

\_\_\_\_\_

date

Receipt number / card issued: \_\_\_\_\_

Amount collected: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_