



# NORTH-SOUTH SKIRMISH ASSOCIATION

## 50-Year Membership Award Form

Date \_\_\_\_\_

To qualify for the 50-Year Membership Award, the individual must have been a member in good standing of the N-SSA for a cumulative total of 50 years. The individual is required to sign this form as acknowledgement of his 50-years membership in the N-SSA.

*This form will not be processed without the member's verification signature.*

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*\*Please Print\**

Name \_\_\_\_\_ Comp # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Current Unit Name \_\_\_\_\_ Seniority # \_\_\_\_\_ Region \_\_\_\_\_  
Email Address: \_\_\_\_\_ @ \_\_\_\_\_  
Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Age \_\_\_\_\_ Signature \_\_\_\_\_

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### QUALIFICATIONS:

Total years in the N-SSA: \_\_\_\_\_

#### Unit membership history:

Seniority # \_\_\_\_\_ Unit name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Seniority # \_\_\_\_\_ Unit name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Seniority # \_\_\_\_\_ Unit name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Seniority # \_\_\_\_\_ Unit name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Seniority # \_\_\_\_\_ Unit name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

*(If more space is needed please continue on reverse side)*

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### **RETURN COMPLETED FORM TO:**

**Email:** nancyc@stny.rr.com

**Mailing address:** Nancy Crockett, Awards Committee Chair  
918 West Lockhart Street, Sayre, PA 18840-1011