



Application for Membership

Contact Information

Full Name (s): _____

Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Telephone: (_____) _____

Email: _____

Areas of Interest

1. Period Military _____
2. Camp Follower _____
3. Period Civilian _____
4. Artisan _____
5. Program Presenter _____

Membership

Individual _____

Family _____

**All dues are currently
paid by the Mohawk
Country Association**

Specifics

Artisan

Presenter Programs

Signature _____

Please send Membership Application to: Fort Klock, 7214 NY-5, St. Johnsville, NY 13452

