

Panzer Gruppe West

Unit Application

Name: _____

Address: _____

Phone: _____ e-mail : _____

Date of Birth: _____, If under 18 you must provide parental consent.

Minimum age for membership is 16. However we do have a youth program.

Reasons for wanting to a member of Panzer Gruppe West?

Any other current or prior reenactment group memberships? if yes then who?

What Impression's do you do? SS, Heer, Inf., Recon, Radio Op., Driver, MG crew

Prior rank and awards in other units?

Any special qualifications which would make you an asset for our Unit?

Fireman, EMT, Mechanic, Weapon smith, Carpenter, Painter? _____

Any special interests? (Public displays, tactical battles, Hv. Weapons, Vehicles)

Do you have your basic WWII equipment?

Any WWII Vehicles owned?

Please note: Panzer Gruppe West is a reenactment unit of the Tactical Studies group. TSG, Inc.

All members of our unit must also maintain membership in the "TSG" We follow all TSG bylaws.

Current TSG membership number ? _____

Our unit charges annual dues of \$20 to cover printing costs, website, etc. see unit Manual.

We do reserve the right to expel members due to just cause, Theft, fighting, politics, and illegal activities.

I certify that I will not use this organization to further the goals of any radical and/or subversive organization to include but not limited to: any Nazi, KKK, Hate group, communist, socialist, or other subversive or threatening organizations.

I will adhere to all unit rules, regulations and follow the direction of the unit command structure.

Signed: _____ Date _____

Mail to: Mike Lipe 3818 15th.St.A Moline IL.61265 or email at lordkalel@qconline.com

WWW.PANZERGRUPPEWEST.US