



# The Vikings

Saxon, Norman, Celtic, and Viking Re-Enactment

## Vinland

### MEMBERSHIP APPLICATION FORM

#### APPLICATION INFORMATION

##### Before You Start - About This Application

Please complete all sections of this application form as fully as possible. Incomplete or incorrectly finished application forms may cause delays in processing. Please ensure personal information is provided in its full and complete legal form as it would appear on government-issued documents. Information provided on this application is kept confidential and not shared with unnecessary third parties. Please allow a minimum of 2 weeks for processing. Applicants will be notified by their group leader or the membership thegn once their applications have been processed. Please fill out a membership form for each person wishing to join. By completing this application you hereby agree to the general terms of membership for The Vikings - Vinland as indicated below.

##### Application Submission:

Fully completed applications may be submitted in any of the following ways:

- Electronically scanned as an email attachment to

**vinland.membership@gmail.com**

- In person at a Vikings Vinland Local Group Meeting

- Via regular post to the mailing address indicated in the space to the right:

- A clear passport type photo is required for ID cards and may be submitted electronically

##### Felag Mailing Address:

153 Woodhaven Drive  
Okotoks, Alberta  
Canada T1S1L8

You will be contacted by either the Membership Thegn or the Jarl to confirm your application and chat with you briefly.

##### Membership Fees:

US Resident \$35.00  
CAN Resident \$50.00  
Junior Member \$1.00

Fees must accompany this application and are non-refundable. They may be paid by in the currency of the country you reside in by the use of [www.PAYPAL.com](http://www.PAYPAL.com) to **vikingscanada@yahoo.ca** or payable directly to your local group leader if applicable.

#### CONTACT INFORMATION

Full Legal Last Name	Full Legal First Name	Full Legal Middle Name(s)	Date of Birth	D	D	Month	Y	Y	Y	Y

--	--	--	--	--	--	--	--	--	--	--

Street Address / Legal Land Description	Mailing Address (if different than street address)

--	--

City / Town	Province/State (abbreviated)	Postal or ZIP Code	Occupation

--	--	--	--

Home Phone Number	Cell Phone Number	Work Phone Number	Fax Number	Email Address (ensure you can access yahoo groups with this)

--	--	--	--	--

**MEMBERSHIPS - Are you a member of any other reenactment society? Do you have qualifications from that Society? Do you have dependent children (under 18) wishing to join - List their information here.**

**MEDICAL INFORMATION – This information is only used in case of emergency i.e.: allergic to bee stings**

Do you have any medical conditions of concern related to any of the following areas? (select all that apply)

- |                                      |                                 |                                    |                                    |                                 |                                    |                                |
|--------------------------------------|---------------------------------|------------------------------------|------------------------------------|---------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Eyes        | <input type="checkbox"/> Ears   | <input type="checkbox"/> Voice     | <input type="checkbox"/> Neck      | <input type="checkbox"/> Back   | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Arms  |
| <input type="checkbox"/> Hands       | <input type="checkbox"/> Hips   | <input type="checkbox"/> Legs      | <input type="checkbox"/> Knees     | <input type="checkbox"/> Feet   | <input type="checkbox"/> Joints    | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Nerves | <input type="checkbox"/> Other     | <input type="checkbox"/> N/A   |

Please list any other medical conditions you may be effected by

or

N/A, no other conditions

Do you have current first aid training?

N/A

Yes  No

**SKILLS AND INTERESTS**

What areas of activity are you interested in the most?

- Combat  Costuming  Authenticity  Living History Exhibit  Crafting  Other

Please list any related skills and interests you have

Please list any related clubs you belong to or experience you have

Please list any public speaking or performing experience you have

Please list any portrayals you are interested in

Please provide a brief synopsis of your interest in joining (attach extra sheet if needed)

**APPLICANT DECLARATION**

I declare that the information provided on this form is true, correct, and complete to the best of my knowledge. I also agree to all general terms of Membership of the Vikings Vinland.

Group Leader  
Signature

Signature of Applicant (type name if submitting electronically)

Application  
Date

D D

Month

Y Y Y Y

**EXECUTIVE USE ONLY**

Member  
Number

Classification

Notes

Acceptance  
Date

D D

Month

Y Y Y Y

Jarl Authorization

## **General Terms of Membership of *The Vikings - Vinland***

- a.** A member of *The Vikings - Vinland* is any person who has paid his/her annual subscription to the Society for the current year and who has been granted a membership card. Only those whose dues are fully paid are entitled to the privileges of membership. *The Vikings - Vinland* reserves the right to refuse membership, without explanation. *The Viking - Vinland* has the right to withdraw membership from any individual or group should it consider this action to be in the best interests of *The Vikings - Vinland*. All membership applications must be submitted to the Membership Thegn and will be not be effective until the date of issue of a membership card.
- b.** Membership expires on the 31st December of each year. Members must have paid their renewal fees before attending any function in the following year.
- c.** The minimum age for adult membership is 18 years. Only adult members may be combatant members of *The Vikings - Vinland*. Junior members 16-17 years of age may participate in combat with written parental consent. Junior membership is available, with parental consent. Only members of *The Vikings - Vinland* may take part in events.
- d.** The member agrees to be bound by the rules and Constitution of *The Vikings - Vinland* made now or in the future and by the terms of any contract entered into by *The Vikings - Vinland* on his/her behalf.
- e.** *The Vikings - Vinland* is not liable for any injury, loss or damage incurred by a member arising from any of the activities organized by *The Vikings - Vinland*.
- f.** *The Vikings - Vinland* is not liable for any injury, loss or damage inflicted by a member on a member of the public during any event, if that member was acting in contravention of the rules *The Vikings - Vinland*.
- g.** The member agrees not to organize musters, shows or commit *The Vikings - Vinland* to any undertaking without the approval of the Konungr or his or her representative.
- h.** Any member appearing in a public display must be suitably dressed and equipped. The member agrees to dress and equip himself/herself in accordance with the Authenticity guidelines laid down by *The Vikings - Vinland* and to accept the authority of the Authenticity Thegn in judging the standard of this equipment. The member should never combine 20th century apparel with period costume when on a showground or representing *The Vikings - Vinland* in any way.
- i.** All members are expected to comply with safety guidelines, whether laid down *The Vikings - Vinland* or event organizers. All members are expected to be conversant with safety rules - ignorance is not accepted as an excuse.
- j.** All members are expected to follow directions given to them by an Officer of *The Vikings - Vinland*. Grievances must be aired afterwards, **in private**.
- k.** Members are at all times responsible for the welfare and behaviour of any children or animals in their care.
- l.** The member agrees to assign to *The Vikings - Vinland* the copyright of any photographic, film or written material which the member either produces or appears in, on behalf of *The Vikings - Vinland*. The member retains no rights over the subsequent use of the material by *The Vikings - Vinland* for advertising or promotional purposes.
- m.** Membership in *The Vikings - Vinland* entitles the individual access to society publications, the private members Yahoo group, a membership card, member's handbook, international safety and training assessment recognition. The member is also permitted to participate in any Vikings UK or Vinland event.