

RULES AND REGULATIONS G. A. R.

ARTICLE IV.—CHAPTER I.

Eligibility to Membership.—Soldiers and sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has at any time borne arms against the United States.

To Post No. Dept of G. A. R.

I have the honor to make application for membership in Post

No. Department of Grand Army of the Republic, basing

my application on the following facts:

I am ⁴⁷ years of age, and was born in Belmont Co State of

Ohio, now residing at Adam Co

State of Ohio, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted Sept 1864, as Private in Co. H

Regiment Ohio Cavalry for the period of 1 years, and

was discharged therefrom as private, at Nashville Tenn

on the day of 1865, by reason of Pen order

I also re-enlisted 18, as in Co.

Regiment and was discharged therefrom as

at on the

day of 18, by reason of

I have never borne arms against the United States, and have never been convicted of Desertion, nor of any other infamous crime.

I have made previous application for membership to the Grand Army of the Republic and filed the same with Post No. Department of

on the day of 18

(Signature).

Wm P Turner

Residence, No. Street.

I on honor recommend to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$

Aaron Hance

(To be signed by a Comrade of the Post).

NOTE.—If any details herein required are omitted, they must be furnished before being reported on by the Committee. Any failure to report all the facts required by this application may render the muster-in null and void.

1 Other enlistments are to be added.

2 If this is the first application, write the word "not" in this space.

[OVER]

APPLICATION OF

Wm. A. Turner
Late *1st Co. 1st Reg't*
Reg't *1st* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

Asa H. Komer

HEADQUARTERS

Comp 17 Post No. *22*
Department of *Ind* Sept 18th 1894

Received and referred to the Examining Committee.

Post Commander.

18

The undersigned Examining Committee respectfully report _____ favorably upon the within application.

J. D. McLaughlin
D. C. Snyder
J. B. Strong Committee.

Applicant { Elected _____ 18
 { Mustered _____ 18

No. on Des. Book _____

Adjutant.

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

- No. on Des. Book _____ 2. Name _____
- Where born _____ 4. Color _____
- Regiment or Vessel serving in when wounded _____
- What Army or Squadron?
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
11. Dates when wounded and names of engagements _____

- Parts of the body wounded or disabled _____
- State results of wounds. If amputation, what member? If paralysis, loss of sight or any other disability followed, give full particulars _____

- Kind of Missile _____
- Rank when wounded _____

NOTE.—IF NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No. _____
Reported to Department Headquarters _____

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ARTICLE IV.—CHAPTER I.

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To Camp Dis Post No. 22 Dept of Missouri G. A. R.

I have the honor to make application for membership in Camp Dis Post No. 22 Department of Mo. Grand Army of the Republic, basing my application on the following facts:

I am 43 years of age, and was born in Belmont Co. State of Ohio, now residing at Kingsville State of Mo, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted Sept 1864 as Private in Co. H 1st Regiment of Ohio Cav. for the period of 3 years, and was discharged therefrom as Private, at Nashville Tenn. on the 1st day of July 1865, by reason of Sen. Order
Close of war

~~I also re-enlisted 18, as in Co. Regiment and was discharged therefrom at on the day of 18, by reason of~~

I have never borne arms against the United States, and have never been convicted of Desertion, nor of any other infamous crime.

I have not made previous application for membership to the Grand Army of the Republic and filed the same with Post No. Department of

on the day of 18
(Signature) William Turner

Residence, No. Street.

I on honor recommend to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$

James N. Nelson
(To be signed by a Comrade of the Post).

NOTE.—If any details herein required are omitted, they must be furnished before being reported on by the Committee. Any failure to report all the facts required by this application may render the muster-in null and void.

- 1 Other enlistments are to be added.
- 2 If this is the first application, write the word not in this space.

APPLICATION OF

William Lums

Late *Private* Co. *H*
1st Ohio Reg't for

Membership in the Grand Army of the Republic.

Recommended by Comrade

Gas. V. Nelson

HEADQUARTERS

Company *H* Post No. *22*
Department of *Missouri* 189*2*

Received and referred to the Examining Committee.

John Shuman
Post Commander.

18

The undersigned Examining Committee respectfully report favorably upon the within application.

John Shuman
William Hadley
James B. Stone } Committee

Applicant { Elected *Nov 19* 1891
 { Mustered *Jan 11* 1892

No. on Des. Book *303*
10 on Walker
Adjutant.

Notified Jan 15/92

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

- No. on Des. Book _____ 2. Name _____
- Where born _____ 4. Color _____
- Regiment or Vessel serving in when wounded _____
- What Army or Squadron? _____
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
11. Dates when wounded and names of engagements _____
- Parts of the body wounded or disabled _____
- State results of wounds. If amputation, what member? If paralysis, loss of sight or any other disability followed, give full particulars _____
- Kind of Missile _____
- Rank when wounded _____

NOTE.—IF NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No. _____
Reported to Department Headquarters _____