

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 Corporal Dix Post, No. 22 Dep't of Mo G. A. R.

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

I am _____ years of age, and was born in Adair County State of Missouri, now residing in Adair Co State of Mo, am by occupation a Farmer

I served during the late Rebellion as follows:

First enlisted _____ 1861, as private in Co. D 9th Regiment Mo Cavalry for the period of 3 years, and was discharged therefrom as private, at _____ on the _____ day of _____ 18____, by reason of Wounds received at Pea Ridge Ark

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 ~~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) Samuel W McClam
Residence, No. _____ Street _____

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

Enclosed is proposition fee, \$ _____
R J Riehy
(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

Saul N. McClanahan

Late *Private* Co. *D*
Reg't *McCall's*

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS.

Corporal Des. Post No. *22*
Department of *Missouri* 188*9*

Received and referred to the Examining Committee.

H. J. Shaver
Post Commander.

July 21 188*9*

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

D. M. Laughlin
J. W. Barnard
E. J. Gass
Committee.

Applicant { Elected *July 21* 188*9*
{ Mustered _____ 188*9*

No. on Des. Book *244*
M. J. Shaver
Adjutant.

E. J. Gass
D. M. Laughlin
John W. Barnard

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

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

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

Entered on Medical Description Book No. _____

Reported to Department Headquarters _____

Printed figures refer to spaces on Form F.

Post Surgeon.

6891