

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.

No Corporal Dix Post, No. 22 Dep't of Missouri 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 76 years of age, and was born in Vanburen County State
of Iowa, now residing at Geplata
State of Missouri, and by occupation a _____

I served during the late Rebellion as follows:

First enlisted Aug 1st 1864, as Private in Co. A
39th Regiment Mo Vol Inf for the period of 3 years, and
was discharged therefrom as Private, at
on the 19th day of July 1865, by reason of _____

I also re-enlisted _____ 186 _____, as _____ in Co. _____
_____ Regiment _____ and was discharged therefrom as _____
at _____ on the _____
day of _____ 186 _____, 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.)

Residence No. _____

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, \$ _____

(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

Calvin Rounds

Date Private Co. A
39 5/16 Reg. 1st Co. Inf'ty for

Membership in the Grand Army of the Republic

Recommended by Comrade

HEADQUARTERS.

Post, No.

Department of 191

Received and referred to the Examining Committee.

Post Commander.

191

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

Committee.

Applicant { Elected 191
 { Mustered 191

No. on Des. Book

Adjutant.

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 (Inf'try, Cav., Marine, Sailor)
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.....

Post Surgeon.