

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 46 years of age, and was born in Mason County State of Missouri, now residing at Millard in Adair Co. State of Missouri, am by occupation a laborer

I served during the late Rebellion as follows:

First enlisted Aug. 1<sup>st</sup> 1861, as Private in Co. D 7<sup>th</sup> Regiment Mo "Cav" Vols for the period of 3 years, and was discharged therefrom as Private, at St. Louis on the first day of Sept. 1862, by reason of Close of War

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.)

Jamieson M. Hicks

Residence, No. Millard Mo Street.

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

Enclosed is proposition fee, \$ 2.00

John Lantz  
(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

*James H. Weeks*

Late *Private* Co. *D*  
*7*" Reg't *Mo* *Cast* Vol's for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*John Kautz*

HEADQUARTERS.

*Corporal* *Rev* Post No. *22*

Department of *Mo* 1889

Received and referred to the Examining Committee.

*W. T. Shaw*  
Post Commander.

*March 21* 1889

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

*E. Leobin*  
*John Shaw*  
*John Brigham* Committee.

Applicant { Elected *Mar 21* 1889  
Mustered 188

No. on Des. Book *246*  
*W. T. Shaw*  
Adjutant.

Copyright, 1888, by JOHN S. KAUTZ, Commander-in-Chief  
Grand Army of the Republic.

*Committee*  
*E. Leobin*  
*John Shaw*  
*John Brigham*

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.