

Yearly Membership Update to The Artillery Reserve Inc.



Date: _____

Unit Name: _____

Primary Contact: _____

Address: _____

Phone: _____ Email: _____



Unit President: _____

Address: _____

Phone: _____ Email: _____



No. Of Unit Members: _____

No Of Members w/Special Needs : _____

Liability Insurance: _____

No. of Horses: _____

Unit Ordnance: _____

Unit Affiliations: _____

All Update Forms shall be mailed to:

Capt. Jim Lynch

25 Lynn Dr.

Toms River, NJ. 08753