## APPLICATION FOR MEMBERSHIP IN THE MDI CEREMONIAL UNIT

Submit applications to: Military Department of Indiana Ceremonial Unit 711 North Pennsylvania Street Indianapolis, Indiana 46204

Date:		Circle One: Army or Air Force			
Name:		Rank:	SSN Last 4	_	
Date of Birth:	Height:	Weight:	Gender: M	F	
Mailing Address:(s	treet)	(city)		(state)	
Home Phone:	Wor	k Phone:			
Cell Phone:	Oth	er:			
AKO/RCAS Email Address: _					
Civilian Email Address:					
Unit of Assignment:					
Circle One: Technician	AGR T10 A	DSW Traditional	INARNG/INANG F	Retiree	
Do you currently have ASUs(A If "YES" are they sized correct If "NO or PARTIAL" what a	ectly and set up ready t	o wear? YES / NO			
I am being sponsored by:	(II)	applicable)			
I am interested in participating placement in a section will be a					
( ) Casket Team (	) Chaplain Section	() Mounted Co	olor Team / Caisson T	eam	
( ) Rifle Team (	) Color Team	() Music Section	on		
( ) Protocol (	) Salute Gun				

I understand if my personnel record has been flagged for any reason or I am not in good standing with my unit of assignment, I will not be considered for membership at this time.

(Signature)

## CEREMONIAL UNIT APPLICATION FOR MEMBERSHIP STATEMENT OF UNDERSTANDING

I, the undersigned, affirm that I have made the request to join the Military Department of Indiana's Ceremonial Unit of my own free will.	Initials
I also understand that I will receive no compensation of any kind for my efforts and time.	Initials
I understand there may be requirements to purchase personal items at my own expense, e.g. belt and buckle, white shirt, and alterations to my Army Service Uniform(ASU) / Air Force Ceremonials that is issued to me.	Initials
I do meet military standards of the AR 670-1(Army), AFI36-2903(Air Force) and weight control standards of AR 600-9(Army)/AFI36-2905(Air Force) and have passed the APFT/PFT within the last twelve months and I agree to maintain these standards while a member of the Ceremonial Unit.	Initials
I understand/agree to uphold the highest traditions and values of the Ceremonial Unit by supporting all policies and decisions made by the Command Staff within the unit. In addition, I understand that the Command Staff authority may invoke adverse action if any actions on my behalf attract undesirable attention and/or reflect dishonorably toward the Military Department of Indiana Ceremonial Unit or the Indiana National Guard.	Initials

(Applicant's typed or printed name)

(Applicant's signed name)

(Date completed by applicant)