



CIVIL WAR ROUND TABLE
— OF FREDERICKSBURG, INC. —

Membership Application

Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Home/Cell Phone Number: _____

Email: _____

Occupation: _____

Areas of Civil War Interests: _____

Other Civil War Round Table Memberships: _____

Referred by: _____

Membership Categories

Individual:	\$60.00	\$ _____
Individual (dual round table member)	\$50.00	\$ _____
Family (all persons of the same household)	\$110.00	\$ _____
Family (dual round table member)	\$100.00	\$ _____
Student/NMPS Intern:	No Charge	

TOTAL ENCLOSED \$ _____

Please make checks payable to Civil War Round Table of Fredericksburg, Inc. and mail to: P. O. Box 491, Fredericksburg, Virginia 22404 Attention: Treasurer

Facebook: www.facebook.com/CivilWarRoundofFredericksburg

Email: cwrtof@cwrtof.org

FOR CWRTF USE ONLY

Date Application Received	Check Number & Date	Amount