

**RAPPAHANNOCK VALLEY CIVIL WAR ROUND TABLE
MEMBERSHIP REGISTRATION FORM**

Name _____

Address _____

City _____

State _____ **Zip** _____

Telephone _____

Email _____

How did you hear about us?

Individual Membership - \$35.00

Family Membership - \$45.00

Student Membership - \$10.00

Please make your check payable to RVCWRT in the appropriate amount and mail it with your registration form to:

**RVCWRT P.O. Box 7632
Fredericksburg, VA 22404**