

**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**