

CHARLOTTESVILLE-ALBEMARLE COUNTY
CIVIL WAR ROUND TABLE
MEMBERSHIP APPLICATION

NAME: _____
ADDRESS: _____
CITY/TOWN: _____
ZIP CODE: _____
EMAIL ADDRESS: _____
TELEPHONE: _____
CELL PHONE: _____

MEMBERSHIP SELECTED:

- SINGLE MEMBERSHIP \$25.00
- COUPLES MEMBERSHIP \$30.00
- FAMILY MEMBERSHIP \$45.00

Please mail the completed application, with a check made out to CWRT, to

CWRT
13 Canterbury Road
Charlottesville, VA 22903

or you may pay by cash or check at the meeting.