

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

Name _____

Address _____

City _____

State _____ **Zip** _____

Telephone _____

Email _____

Individual Membership - \$30.00

Family Membership - \$40.00

Student Membership - \$7.50

**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