

**MEMBERSHIP/RENEWAL APPLICATION**  
**for the Rappahannock Colonial Heritage Society, Inc.**

Yearly dues are \$10.00 for individuals and \$15.00 for families living in the same household.

Please complete and sign, then enclose a check payable to **Rappahannock Colonial Heritage Society, Inc.**, in the proper amount and mail to P.O. Box 7823, Fredericksburg, VA 22404-7823.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work    Cell    Other Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Special Interests:

- |  |   |   |                                 |
|--|---|---|---------------------------------|
| <input type="checkbox"/> School (SOL) Programs | <input type="checkbox"/> Colonial Dancing | <input type="checkbox"/> Living History | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Educational Programs  | <input type="checkbox"/> Research         | <input type="checkbox"/> Newsletter     | <input type="checkbox"/> _____  |

**Membership:**

New Membership   or    Renewal

Individual (\$10)   or    Family (\$15)

**For Family Memberships:**

Name: \_\_\_\_\_

Work    Cell    Other Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Special Interests:

- |  |   |   |                                 |
|--|---|---|---------------------------------|
| <input type="checkbox"/> School (SOL) Programs | <input type="checkbox"/> Colonial Dancing | <input type="checkbox"/> Living History | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Educational Programs  | <input type="checkbox"/> Research         | <input type="checkbox"/> Newsletter     | <input type="checkbox"/> _____  |

I/We hereby grant The Rappahannock Colonial Heritage Society, Inc., ("RCHS") the right to use my/our picture, voice, name(s), and video footage of me/us on the RCHS Web site, newsletter and promotional materials. I/We hereby release RCHS from all liability resulting from these uses.

Member's Signature: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Use reverse to include additional family members.

Name: \_\_\_\_\_

Your Special Interests:

- School (SOL) Programs       Colonial Dancing       Living History       Sewing
- Educational Programs       Research       Newsletter       \_\_\_\_\_

Name: \_\_\_\_\_

Your Special Interests:

- School (SOL) Programs       Colonial Dancing       Living History       Sewing
- Educational Programs       Research       Newsletter       \_\_\_\_\_

Name: \_\_\_\_\_

Your Special Interests:

- School (SOL) Programs       Colonial Dancing       Living History       Sewing
- Educational Programs       Research       Newsletter       \_\_\_\_\_

Name: \_\_\_\_\_

Your Special Interests:

- School (SOL) Programs       Colonial Dancing       Living History       Sewing
- Educational Programs       Research       Newsletter       \_\_\_\_\_

Name: \_\_\_\_\_

Your Special Interests:

- School (SOL) Programs       Colonial Dancing       Living History       Sewing
- Educational Programs       Research       Newsletter       \_\_\_\_\_

I/We hereby grant The Rappahannock Colonial Heritage Society, Inc., ("RCHS") the right to use my/our picture, voice, name(s), and video footage of me/us on the RCHS Web site, newsletter and promotional materials. I/We hereby release RCHS from all liability resulting from these uses.

Member's Signature: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

**Family Membership with Children under the age of 18:**

In addition, I (parent or legal guardian) hereby grant RCHS the right to use pictures, voices, name(s), and video footage of my child/children on the RCHS Web site, newsletter and promotional materials. I hereby release RCHS from all liability resulting from these uses.

Parent's Signature: \_\_\_\_\_

Names of Children under 18: \_\_\_\_\_