

SAN DIEGO CIVIL WAR ROUND TABLE

P.O. BOX 22369
SAN DIEGO, CA 92192-2369

MEMBERSHIP APPLICATION YEAR: _____

Name: _____

Address: _____

City, State, Postal Code: _____

Telephone: Home:() _____ **Work:**() _____

Do you wish to have your name in a telephone number/interest listing circulated among the membership? **Yes** _____ **No** _____

Annual Membership Fee (tax deductible): **\$ 25.00**

This charge is for one person, or all interested members of a household.

Charitable Donation for HISTORIC PRESERVATION
(Please show the amount you choose to give.) **\$** _____

Total \$ _____

Email Address? _____ **Would you be willing to receive your newsletter by a WEB page? Yes** _____ **No** _____ , **or sent to you via your email address? Yes** _____ **No** _____ .

Please mail this form and check to P.O. Box above, or drop off application and check at reception desk at the meeting. A membership Card will be made for you.

Do you have a particular interest that you would like others to know of?
INTEREST:

Would you like to present a program? (one hour time limit):
TOPIC:

Thank you in advance for your participation and interest!

For Membership/Treasurer use:

Check # _____ **Cash:** _____ **Date Paid:** _____ **Total:** _____

Membership: _____ **Preservation:** _____

P.O. BOX 22369
SAN DIEGO, CA 92192-2369