

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

Your Interests:    School (SOL) Programs                       Colonial Dancing                       Research                       Sewing  
                                  Educational Programs                       Living History                       Newsletter                       \_\_\_\_\_

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

Your Interests:    School (SOL) Programs                       Colonial Dancing                       Research                       Sewing  
                                  Educational Programs                       Living History                       Newsletter                       \_\_\_\_\_

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

Your Interests:    School (SOL) Programs                       Colonial Dancing                       Research                       Sewing  
                                  Educational Programs                       Living History                       Newsletter                       \_\_\_\_\_

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

Your Interests:    School (SOL) Programs                       Colonial Dancing                       Research                       Sewing  
                                  Educational Programs                       Living History                       Newsletter                       \_\_\_\_\_

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

Your Interests:    School (SOL) Programs                       Colonial Dancing                       Research                       Sewing  
                                  Educational Programs                       Living History                       Newsletter                       \_\_\_\_\_

**Release**    I am 18 years of age or older and hereby grant The Rappahannock Colonial Heritage Society, Inc., (“RCHS”) the right to use my picture, voice, name, and video footage of me on the RCHS Web site, newsletter and promotional materials. I hereby release RCHS from all liability resulting from these uses.

Member’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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, names, 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Rappahannock Colonial Heritage Society, Inc.

## Application for Membership or Renewal

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.

**Membership**    New Membership   or    Renewal

**Individual Membership** (\$10 per year)    **Family Membership** (\$15 per year for families living in the same household)

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

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

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

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

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

Your Interests:    School (SOL) Programs    Colonial Dancing    Research    Sewing  
 Educational Programs    Living History    Newsletter    \_\_\_\_\_

### Additional Members

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

Mobile Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Interests:    School (SOL) Programs    Colonial Dancing    Research    Sewing  
 Educational Programs    Living History    Newsletter    \_\_\_\_\_

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

Mobile Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Interests:    School (SOL) Programs    Colonial Dancing    Research    Sewing  
 Educational Programs    Living History    Newsletter    \_\_\_\_\_

**Release**   I am 18 years of age or older and hereby grant The Rappahannock Colonial Heritage Society, Inc., ("RCHS") the right to use my picture, voice, name, and video footage of me on the RCHS Web site, newsletter and promotional materials. I hereby release RCHS from all liability resulting from these uses.

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

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

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

Use reverse to include additional family members.