Northeast Ohio Civil War Roundtable
Membership Application

Name: _____

Address: _____

City: _____State: _____ Zip:_____

Cell: _____ Landline: _____

Email: _____

Membership Type:

☐ Annual Individual Membership $55.00 $ _____

☐ Annual Family Membership $75.00 $ _____

Additional Donation:

I would like to make an additional donation to support NEOCWRT:

Donation Amount: $_____

Total Amount Enclosed:

Annual Membership Fee: $_____

Additional Donation: $_____

Total Payment: $_____

Payment Method:

☐ Cash: _____ ☐ Check # (if applicable): _____

Signature: _____Date: _____

Volunteer Interest(s):

☐ Contributing articles to The Courier Newsletter

☐ Speaker dinner lecture program during the September - May season

☐ Social Media: ☐ Facebook ☐ Website