

INDIVIDUAL MEMBERSHIP APPLICATION

For the Civil War Civilians of Spottsylvania

Yearly dues are \$10.00 for individuals.

Please complete, sign, enclose a check payable to **Civil War Civilians of Spottsylvania**, and mail to:

CWCS, P.O. Box, 154 Spottsylvania, VA 22553.

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

Email address: _____

I hereby grant the Civil War Civilians of Spottsylvania (CWCS) the right to use my picture, voice, name, and video footage of me on the CWCS website, social media sites, newsletter, and other promotional materials. I hereby release CWCS from all liability resulting from these uses.

Also, by signing this form, I hereby waive CWCS, its officers and members from any liability of injury, loss or damage to personal property associated with CWCS activities.

Member's Signature: _____

Date: _____