## **FAMILY MEMBERSHIP APPLICATION**

## For the Civil War Civilians of Spottsylvania

Yearly family dues are \$15.00.

Please complete, sign, and enclose a check payable to **Civil War Civilians of Spottsylvania** and mail to: **CWCS, P.O. Box 154, Spotsylvania, VA 22553.** 

Family Last Name:		
Address:		
Phone: (home)		
Email addresses:		
Printed names of members:		
Name:	(cell #)	

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

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

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Note: CWCS By- Laws state: Article 2, (Membership) Section 3. A family membership is entitled to two votes.