



## 2011 – 2012 Membership Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

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

NOTE: if you do not want your email address and phone numbers included in our published membership directory, please check here:

PLEASE INDICATE TYPE OF MEMBERSHIP:	<u>Mailed Newsletter</u>	<u>E-mailed Newsletter</u>
___ Sustaining Member	\$85.00	\$80.00
___ Regular Member	\$45.00	\$40.00
___ Family Members (2 members, 1 newsletter) Please list names: _____	\$60.00	\$55.00
___ Family Members (3 members, 1 newsletter) Please list names: _____ _____	\$85.00	\$80.00
___ National Member (Located more than 250 Miles outside of Chicago)	\$40.00	\$35.00
___ Student Member	\$32.50	\$27.50

I am interested in donating to the Battlefield Preservation Fund.

Additional amount enclosed \$ \_\_\_\_\_ -- OR -- Please contact me with further details

**MY AREAS OF SPECIAL INTEREST ARE:**

- |                                              |                                                        |
|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> POLITICAL FIGURES   | <input type="checkbox"/> NAVAL HISTORY                 |
| <input type="checkbox"/> SOCIAL HISTORY      | <input type="checkbox"/> CIVIL WAR MEDICINE            |
| <input type="checkbox"/> BATTLES AND LEADERS | <input type="checkbox"/> CIVIL WAR MUSIC               |
| <input type="checkbox"/> SPECIFIC UNITS      | <input type="checkbox"/> COLLECTING ARTIFACTS          |
| <input type="checkbox"/> COMBAT ARMS         | <input type="checkbox"/> BATTLEFIELD PRESERVATION      |
| <input type="checkbox"/> INFANTRY            | <input type="checkbox"/> LIVING HISTORY/RE-ENACTMENTS  |
| <input type="checkbox"/> CAVALRY             | <input type="checkbox"/> GUIDED TOURS OF BATTLEFIELDS  |
| <input type="checkbox"/> ENGINEERS           | <input type="checkbox"/> WAR GAMING                    |
| <input type="checkbox"/> SIGNAL              |                                                        |
| <input type="checkbox"/> INTELLIGENCE        | <input type="checkbox"/> OTHER (Please indicate) _____ |
| <input type="checkbox"/> LOGISTICS           | _____                                                  |

PLEASE MAKE YOUR CHECK PAYABLE TO: CWRT OF Chicago

Mail this form and your payment to: Rae Radovich, Registrar, P. O. Box 434, Palos Park, IL 60464  
 Visit us at [www.ChicagoCWRT.org](http://www.ChicagoCWRT.org)