

Membership Form

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

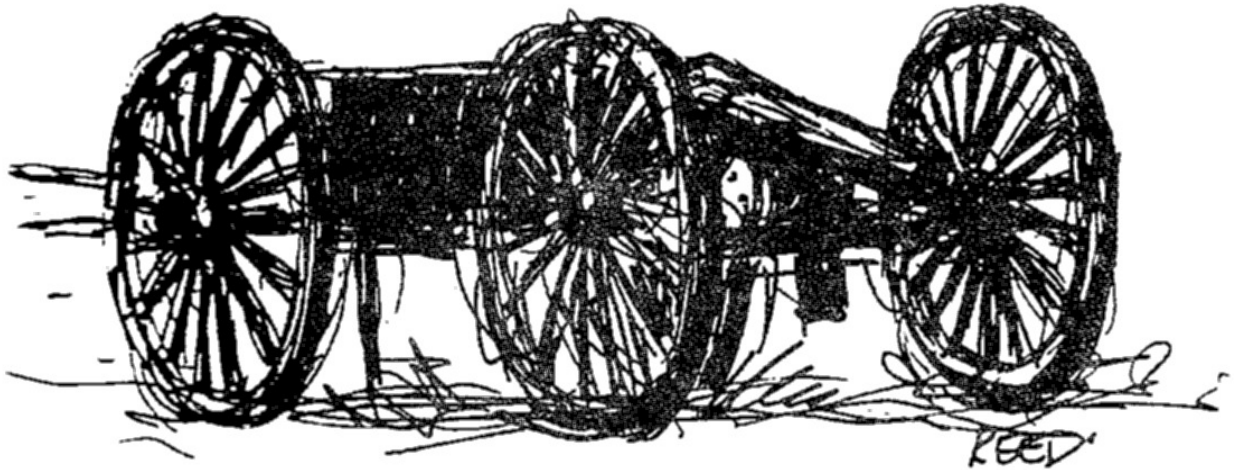
Membership Category

- Individual ~ \$20
- Family ~ \$35
- Patron ~ \$100
- Corporate ~ \$500

Make checks payable to:

April 1865 Society, Inc.

P. O Box 807 Selma, Alabama 36702



O - I would like to volunteer to work the event.

Sponsor of the Battle of Selma Civil War Re-enactment

April 25 -28, 2013

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