



Membership Form

Please remit to:

Kent Civil War Society
Mark W. Perkins, Treasurer
P.O. Box 3671
Kent, OH 44240

For internal use only

- Database
 Secretary
 Newsletter editor

Membership for _____, year _____

Individual (\$15) or Family (\$20)

Renewal or New

Contact & Membership Directory Information (*please fill in – existing members mark changes only*)

Name(s) : _____

Street Address : _____

City : _____ Zip Code : _____

Telephone : _____ (check if you do NOT want the phone # in the directory)

Email : _____
(check if you do NOT want the email address in the directory)

Please return this portion to the society



Receipt – please keep this portion for your records

Received from _____ on ___ / ___ / _____

Membership dues in the amount of \$ _____

For the year _____ cash OR check # _____
(please make checks payable to the Kent Civil War Society)