

# Phil Kearny Civil War Round Table Membership Application

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(House or Apt. # & Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_  
(Area Code) (Number)

E-Mail: \_\_\_\_\_

*Please send this form to:* [philkearny@philkearnycwrt.org](mailto:philkearny@philkearnycwrt.org)

**Yearly Membership Fee:**

**\$25.00 per Individual**

***Please make checks payable to:***

**Phil Kearny CWRT**

***Mall to:***

**Sylvia Mogerman**

**Phil Kearny Civil War Round Table**

**PO Box 6540**

**Hillsborough, NJ 08844**