RHODES CROSSROADS NEWSLETTER

Membership Form
Please PRINT all information (except your signature)

MEMBER'S NAME:	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
PHONE (include area code):	
E-MAIL ADDRESS:	
INTERNET WEB ADDRESS(ES) OF YOUR FAMILY HISTORY INFORMATION:	
RHODES(All spellings) SURNAMES YOU Al	RE RESEARCHING (Up to 10):
1	2
3	4
5	6
7	8
9	
What genealogy software do you use?	
Circle ALL areas below that interest you and for Membership – Publications – Research – Devel	r which you might be interested in volunteering: op Web Site – Abstracting Other
By signing and submitting this application, you grannewsletter. , . (We will NOT publish your telephone nu	nt the Rhodes Crossroads Newsletter permission to use your data in our mber .)
SIGNATURE:	Date:
You are encouraged to submit a 5-generation pe	edigree chart with your application for our Newsletter publication.
Mail your SIGNED application and male	xe checks payable to:
Craig Rhodes, 133 Montclair Loop,	, Daphne, AL 36526-8151
Be sure to include your check.	
The amount of your check should be:	
\$12.00 for 4 issues 1 - year membership. New membership or Renewal (circle one)	Or \$24.00 for 8 issues 2- year membership.