Georgia Battlefields Association

Mail this completed form with a check payable to Georgia Battlefields Association to:

Georgia Battlefields Association 4203 Newpond Trail NE Kennesaw GA 30144-1667

Your member	ership is ta	x deductible:		
\$25 Individual \$40		🔲 \$40 Family, Bu	siness or Organization	\$100 Friend
\$250 Benefactor		\$5	00 Patron	\$1000 Sponso
Increase the	impact by	asking your employ	er to match your conti	ribution.
Name:				
Nume.	Name of Individual, Family, Business, or Organization			
Address:				
	=			
	City		State	Zip
Phone:				
e-mail:				
e-man.				
Membership	o type:	New Re	newal	
Referred by	(if applical	ole)		
This is a gift membership (if applicable) given by:				
Name:				
Address:				
Newsletter will be delivered via e-mail unless you check here:				
I want to volunteer in your preservation efforts.				
I want to	remembe	r Georgia Battlefield	ls Association in my wi	II.
Need more i	informatio	n? E-mail us at info	@georgiabattlefields.o	rg