

MEMBERSHIP RENEWAL FORM
REYNOLDS FAMILY ASSOCIATION
Annual dues per person: \$20.00 – Membership renewal due 1 January each year

DATE _____ RENEW (\$20.00) LIFETIME (\$200.00) MEMBER# _____

AMOUNT ENCLOSED \$ _____

HOME PHONE _____ (Please note if unlisted and RFA will not release.)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

SEND FORM & CHECK TO:
Debra Ann Reynolds Jones
22922 East Trap Pond Road
Georgetown, DE 19947-3728

MAKE CHECKS PAYABLE TO
RFA

I am actively researching my Reynolds family: YES NO

I authorize RFA to publish my family charts in the RFA Dispatch and our web site. _____

Signature