

21<sup>st</sup> RCT ASSOCIATION  
MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

WIFE'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ASSIGNMENT \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

EMAIL \_\_\_\_\_

NOTES:

No dues. (We survive on donations only.)

**Please send this application to:**

**Phil and Phyllis Burke  
15322 Edgehill Dr  
Dumfries, VA 22025**

**Or send as an attachment to the Email connection provided on the website.**