



STOVALL FAMILY ASSOCIATION MEMBERSHIP APPLICATION

Membership includes a subscription to quarterly journal, genealogy research assistance on your Stovall line, invitation to the triennial reunion, connections to Stovalls all over the United States and much more.

Name: _____

Street Address: _____

City, State, Zip Code +4: _____

Home Phone: _____

Cell Phone: _____

Email: _____

New Member

Renewal

Renewal \$20 per year x _____ years. Total \$ _____

New Membership \$20 per year x _____ years. Total \$ _____

Gift Membership to: \$20 per year x _____ years. Total \$ _____

Name: _____

Street Address: _____

City, State, Zip Code +4: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Donation to the Association \$ _____ Total Enclosed \$ _____

Make check payable to: Stovall Family Association

Send check to: Tom Stovall, 3345 Tibey Court, Dubuque, IA 52002-2849

Pay Online: See link below (online payments have a \$3.00 processing charge)