



The Cabell Family Society, Inc.

Membership Application Form

All persons who are descendants of Dr. William Cabell and his wife, Elizabeth Burks Cabell, shall be eligible for full membership in the Society. Every full membership applicant must establish his or her descent from them to the satisfaction of the Board of Directors. Additional documentation may be requested. Those who are not direct descendants are eligible for associate membership.

Name:	
Maiden name if applicable:	
Home address:	Phone: Email:
Date of birth:	Place of birth:
Date of marriage:	Place of marriage:

Name of Spouse (Maiden name if applicable):	
Date of birth:	Place of birth:
Died on:	Place of death:

Please tell us a little bit about yourself. (Education, Occupation/Profession, Interests/Hobbies, Volunteer Work)

The undersigned hereby applies for membership in The Cabell Family Society, Inc. for themselves or a family member. They acknowledge the provided information is correct. (Note: For full membership it is sufficient to trace descent from an ancestor identified in *The Cabells and Their Kin*, Alexander Brown, 1895, from an ancestor in *Twentieth Century Cabells and Their Kin*, Randolph W. Cabell, 1993, or from a regular member of the Society.)

Signature:

Please send your application and any questions via email to the Membership Chairperson:

Suzy Amburn at fbwamburn@gmail.com

The Membership Chairperson will coordinate review of your application and payment options.

The following to be filled in by the Society Membership Chair or Genealogist:

Date Membership authenticated:	Assigned Membership #:	Membership Chair:
Genealogist:		

Cabell family ancestry for Full membership applicaitons- Will be confirmed by the Society Genealogist based on data in the Cabell Society Family Tree on Ancestry.com

Mother:	Date of birth: Place:	Died on: Place:
Father:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Grandmother:	Date of birth: Place:	Died on: Place:
Grandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

GGrandmother:	Date of birth: Place:	Died on: Place:
GGrandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

2 ND GGrandmother:	Date of birth: Place:	Died on: Place:
2 ND GGrandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Your Children (add additional sheets if necessary)

Name: Adopted?(yes/no)	Date of birth: Place:	Died on: Place:
Spouse:	Date of birth: Place:	Died on: Place:
	Marriage date:	Place of marriage:

Name: Adopted?(yes/no)	Date of birth: Place of birth:	Died on: Place of death:
Spouse:	Date of birth: Place of birth:	Died on: Place of death:
	Marriage date:	Place of marriage:

Name: Adopted? (yes/no)	Date of birth: Place of birth:	Died on: Place of death:
Spouse:	Date of birth: Place of birth:	Died on: Place of death:
	Marriage date:	Place of marriage: