



Membership Application

(Please print clearly)

Name _____
 Address _____

 Phone _____
 Email _____

**Please select only one of the following membership options:*

- _____ \$25 Student
- _____ \$40 Individual
- _____ \$60 Family (#____)
- _____ \$100 Southern Protector

In keeping with our Christian heritage of the South, I agree to abide by and support the mission statement of The Southern Cultural Center. "As Southern Christian Protectors, We support the Christian values, culture, and heritage of the Southern people and their freedom and independence in their own land."

Signature and date

Please send this application to:

The Southern Cultural Center
P.O. Box 220
Wetumpka, AL 36092



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