

INTERNET APPLICATION FORM

The American College of Heraldry
Established 1972
648 Hanes Mall Blvd, #300, Winston-Salem, NC 27103



PLEASE SELECT ONE:

I am applying for BOTH Membership and Armorial Registration (\$425) NON-US \$450

I am applying for Armorial Registration ONLY (\$395) NON-US \$425

I am applying for Annual Membership ONLY (\$39.95)

PLEASE FILL OUT ALL ITEMS COMPLETELY

Title(s): ie Mr, Mrs, Dr, Rev, The Hon, Lt Col, etc: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

_____ I am requesting the College to design a new coat of arms for my personal use and to Register and Publish same.

_____ I am requesting the College to Register and Publish the coat of arms I now have which has not yet been granted, registered, certified, or otherwise recognized for my personal use by a domestic or foreign office of arms.

_____ I am requesting the College to Register and Publish the coat of arms I now have which was granted, registered, certified, or otherwise recognized for my use by the following office(s) of arms.

_____ I am enclosing information verifying this armorial recognition.

_____ I am only paying for annual membership, and am not requesting a Registration of Arms at this time.

The Armiger's News will be sent to members in PDF format on or about the 1st of January, April, July, and October

Date of Birth: _____

City, County and State of Birth: _____

Marital Status: Married; Never Married; Other (please specify) _____

Gender: Male; Female (please specify) _____

Full **MAIDEN** name of your current Spouse:

First	Middle	Maiden Surname
-------	--------	----------------

List dates of her birth: _____ her death: _____

Children born to or adopted by you and the above named spouse:

Full Name	Sex	Date of Birth	Date of Adoption	Alive?
(ex) John Lea Jones	M or F	7 June 1971	10 July 1971	Y or N

NOTE: Should you have any children whatsoever by previous marriages, it is **VITAL** that you enclose full information on both children and their mother(s) as noted in the last question. Further, if this registration is for someone who is a grandfather, then include all eligible descendants (attach a separate page if necessary), such as all children of the armiger, as well as all of the children of those children. Please be sure to include **MAIDEN** names of any spouses as parents of additional children.

Please forward a separate sheet on any additional biographical data which you feel may be helpful.

By completing this application for a registration of armorial bearings, I hereby consent to the publication of my name, place of birth, and place of residence in the College's journal, *The Armigers News*, which is distributed in electronic form.

Date Signature

Please print out and mail this completed application, along with any of the applicable funds as indicated above.

METHOD OF PAYMENT:

___ Check or Money Order made payable to **AMERICAN COLLEGE OF HERALDRY**

___ Visa ___ MasterCard ___ American Express ___ Discover/Novus ___ **Square/PayPal (see below)**

Card # _____ Exp Date _____ CID _____

Your signature above indicates acceptance of credit card charges.

Copyright © 1996-2021 The American College of Heraldry

** Credit card billing offered as a gratis service to The American College of Heraldry by Gryfons Publishers.
Credit card statements will reflect charges from GRYFONS PUBLISHERS

MAIL THIS APPLICATION TO:
The American College of Heraldry
648 Hanes Mall Blvd, #300
Winston-Salem, NC 271037

If you wish to be billed via Square or PayPal,
please provide your e-mail address here:
