

# INTERNET APPLICATION FORM

The American College of Heraldry  
A Non-profit Corporation Established 1972  
1818 North Taylor St, Suite B, #312, Little Rock, AR 72207



## PLEASE NOTE

I am applying for both Membership and Armorial Registration (\$350)

I am applying for Membership only (\$39.95)

I am applying for Armorial Registration only (\$325)

## PLEASE TYPE OR PRINT, AND FILL OUT ALL ITEMS COMPLETELY

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

Name: \_\_\_\_\_  
                        First                          Middle                          Last                          Maiden Surname

Address: \_\_\_\_\_  
                                Street                                  City                                  State                          Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

County (not Country): \_\_\_\_\_

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, ( ) 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***

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Date of Birth: \_\_\_\_\_

City, County and State of Birth: \_\_\_\_\_

Marital Status: ( ) Married; ( ) Never Married; ( ) Widowed; ( ) Divorced; ( ) Other \_\_\_\_\_

Sex: ( ) Male; ( ) Female

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

\_\_\_\_\_

First	Middle	Maiden Surname
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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)	M or F			Y or N
John Lea Jones		7 June 1971	10 July 1971	

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
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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 **THE AMERICAN COLLEGE OF HERALDRY**

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

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   Exp Date \_\_\_\_\_   CID \_\_\_\_\_

Your signature above indicates acceptance of credit card charges.

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**MAIL THIS APPLICATION TO:**  
**The American College of Heraldry**  
**1818 North Taylor St, Ste B, #312**  
**Little Rock, AR 72207**

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