

INTERNET APPLICATION FORM

The American College of Heraldry
A Non-profit Corporation Established 1972
1643-B SAVANNAH HIGHWAY, SUITE 396, CHARLESTON, SC 29407



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***

Date of Birth: _____ Date of Legal Adoption: _____

City, County and State of Birth: _____

Marital Status: () Married; () Never Married; () Widowed; () Divorced; () Other _____

Sex: () Male; () Female

Education: Institution	Degree/Certificate	Major Subject	Date

Present Occupation(s), Position(s), Profession(s): Please attach a business resume if available.

Military Service: ()Army; ()Navy; ()Air Force; ()Marine Corps; ()Coast Guard; ()State Military Service
 List highest rank held and major decorations received:

Public Office: (List offices held, past or present, by election or appointment. Clearly indicate whether each office is at City, County, State, Federal or other level. State dates when each office was entered and when each was vacated.)

List Membership in Organizations, Societies, Associations, Clubs, etc.:

List hobbies, avocations and interests:

List Orders of Knighthood & Nobiliary Associations (please include (a) the full name of the Order; (b) your rank in it; (c) your appropriate postnominals; (d) please enclose photocopies of certificates):

Full name of your Father:

First

Middle

Last

List dates of his birth: _____ his death: _____

Full MAIDEN name of your Mother:

First

Middle

Maiden Surname

List dates of her birth: _____ her death: _____

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.

I hereby certify that all biographical data contained in this application is accurate to the best of my knowledge.

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

Card # _____ - _____ - _____ - _____ Exp Date _____

Your signature above indicates acceptance of credit card charges.

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MAIL THIS APPLICATION TO:
The American College of Heraldry
1643-B Savannah Highway, Suite 396
Charleston, SC 29407
USA

SECURELY FAX THIS APPLICATION TO:
877-588-4459
This is a secure, dedicated fax line - your information is safe, and this will expedite the process