



# THE RIMMER FAMILY HISTORY SOCIETY APPLICATION FOR USA MEMBERSHIP

FULL NAME(S) :

ADDRESS:

POSTAL/ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS:

SUBSCRIPTIONS RUN FROM 1ST JANUARY TO 31ST DECEMBER EACH YEAR

MEMBERSHIP US: \$15

Please return the completed form, with your subscription,  
(cheques payable to The Rimmer Family History Society) to:

Thom Battles  
Acxiom Corporation  
1 Information Way  
Little Rock, Arkansas 72202.

E-MAIL: thom.battles@acxiom.com

Please indicate if you are willing to:

Assist with Committee work: Yes/No

Write an article for The Rimmer Review: Yes/No

Help with The Rimmer Reunion: Yes/No

Under the provisions of the Data Protection Act, I acknowledge that my details will  
be kept on a database for the sole use of The Rimmer Family History Society

Signed: ..... Date: .....

For Society use only:

Application Received:

Membership Processed:

Membership Number: