

RANDOLPH CALDECOTT SOCIETY OF AMERICA

MEMBERSHIP APPLICATION/RENEWAL FORM

Purposes of the Randolph Caldecott Society of America:

- To bring together those people who are dedicated to the remembrance, appreciation, and promotion of English Illustrator, Painter and Sculptor; Randolph Caldecott (1846 - 1886) and his art.
- To serve as a lay caretaker of Caldecott's grave marker, border and signage for maintenance if necessary, in Evergreen Cemetery, St. Augustine, Florida.
- To maintain a floral tribute on the grave.
- To mail out a membership packet of informative materials to all new members.
- To hold an annual General Meeting for the benefit of members.
- To donate the annual Caldecott Medal-winning book, along with the winning Honor Book(s), to the local Public Library's "Randolph Caldecott Children's Room", and a set to the Children's Room at the Southeast Branch Public Library.
- To maintain a Caldecott Society sign on the St. Augustine Community Organizations Display Board(s).
- To produce and distribute a brochure and to maintain a website about Caldecott.
- To contribute to the annual student Art Award, given by The First Coast Pilot Club.
- To give presentations on the life and art of Caldecott upon request.
- To award a Honorary Membership to a person who has exhibited outstanding support of the society, as determined by the membership of the society, and who promotes and/or collects the works of Caldecott.
- To support other projects deemed appropriate by the Society.

Anyone interested in the life and art of Randolph Caldecott may become a member of the RCSA by paying the dues. Memberships make unique gifts for family and friends and greatly assist the society.

MEMBERSHIP IS RENEWABLE AT THE BEGINNING OF EACH YEAR. Dues to renew membership will be accepted from January 1st. to March 31st. by mail or hand delivered at the AGM. **NEW MEMBERSHIPS are welcomed** throughout the year.

Please complete the following application, cut and return with dues check:
Please **PRINT, thanks.**

Name: _____

Address: _____
(Street and/or Box Number)

City: _____ State: _____ Zip: _____

Country: _____ Email Address: _____

Home Phone:(_____) Office Phone:(_____)

Is this membership a RENEWAL _____ or NEW? _____

Please check your desired membership category:

_____ Regular \$15.00

_____ Family (more than one member at one address) \$20.00

_____ Life \$150.00

_____ Institutional/Business; \$25.00

_____ Friend of the Society (Mailings only) \$10.00

_____ Donation

MAIL TO:

RCSA

Allan C. Reichert, Treasurer

112 Crooked Tree Trail

St. Augustine, FL 32086

Make checks payable to: **R.C.S.A**

Your support is appreciated