



The Cabell Foundation, Inc.

Membership Application Form

Please email membership@cabell.com if you have questions about this form.

All persons who are descendants of Dr. William Cabell and his wife, Elizabeth Burks Cabell, shall be eligible for regular membership in the Foundation. Every applicant must establish his or her descent from them to the satisfaction of the Board of Directors. The applicant must attach a copy of his/her birth certificate. Additional documentation may be requested.

The undersigned hereby applies for membership in The Cabell Foundation, Inc. I am descended from Dr. William Cabell and Elizabeth Burks Cabell as shown in this application. (Note: It is sufficient to trace descent from an ancestor identified in *The Cabells and Their Kin*, Alexander Brown, May 23, 1895, or *The Twentieth Century Cabells and Their Kin*, Randolph W. Cabell Publisher, or from a regular member of the Foundation.)

Name:	
Maiden name if woman:	
Home address:	Phone: Email:
Date of birth:	Place of birth:
Date of marriage:	Place of marriage:
Notes:	

Name of Spouse (Maiden name if wife):	
Date of birth:	Place of birth:
Died on:	Place of death:
Notes:	

Signature: _____

Please note that you must include a copy of your birth certificate and a check for \$20.

Contact membership@cabell.com for information on how to submit your check and completed application.

The following to be filled in by the Foundation Genealogist:

Membership authenticated on:	Assigned Membership #:
Genealogist:	Assigned Genealogy ID#:

Your Children (add additional sheets if necessary)

Name: Adopted? (yes/no)	Date of birth: Place:	Died on: Place:
Spouse:	Date of birth: Place:	Died on: Place:
	Marriage date:	Place of marriage:
Name: Adopted? (yes/no)	Date of birth: Place of birth:	Died on: Place of death:
Spouse:	Date of birth: Place of birth:	Died on: Place of death:
	Marriage date:	Place of marriage:

Ancestry

Please give full names of all ancestors, with place and date of birth, marriage, and death. Cite evidence that establishes these facts. Please attach additional sheets if you need more space.

Mother:	Date of birth: Place:	Died on: Place:
Father:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Source/Notes: _____

Grandmother:	Date of birth: Place:	Died on: Place:
Grandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Source/Notes: _____

GGrandmother:	Date of birth: Place:	Died on: Place:
GGrandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Source/Notes: _____

GGGrandmother:	Date of birth: Place:	Died on: Place:
GGGrandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Source/Notes: _____

GGGGrandmother:	Date of birth: Place:	Died on: Place:
GGGGrandfather:	Date of birth: Place :	Died on: Place :
	Marriage date:	Place of marriage:

Source/Notes: _____