



**Application for Membership**  
**TriState Genealogical Society**  
**Bullhead City, Arizona**

**Mail correspondence to:**  
**TriState Genealogical Society**  
**Membership**  
**P.O. Box 21902**  
**Bullhead City, AZ 86439**

**PLEASE PRINT**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**Annual Membership Fees**

\_\_\_\_\_ **Single membership \$20**

\_\_\_\_\_ **Family membership \$25**

**Make checks payable to TriState Genealogical Society**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_