

MEMBERSHIP INFORMATION
Northern Arizona Genealogical Society [NAGS]

Name(Mr, Mrs, Ms) _____ Date ___ / ___ / ___

Address _____

Phone() _____ E-Mail _____

Please Print

GENEALOGY EXPERIENCE LEVEL

Beginning Intermediate Experienced Professional Other (explain) _____

STATE, COUNTIES, COUNTRIES, TIME PERIODS IN WHICH YOU ARE RESEARCHING

SURNAMES YOU ARE RESEARCHING

PREVIOUS LEADERSHIP/COMMITTEE ROLES IN ANY ORGANIZATION

PLEASE CHECK COMMITTEE(S) ON WHICH YOU WOULD BE WILLING TO SERVE

AzGAB Liaison Cemetery Historian Hospitality Library Membership
 Newsletter/Mailing Program/Publicity Special Projects – Workshop; Prescott Valley Art
Festival; Genealogy Fair; Open House; Yavapai County/Central Arizona Genealogy Events

Would you be willing to teach a class at a seminar, meeting or workshop? Yes No
If yes, list some possible topics please:

Do we have your permission to include your address, phone and e-mail (circle applicable items)
on our membership roster to be distributed to members only? Yes No

Your suggestions, comments and recommendations are solicited on monthly programs,
newsletter articles, annual seminars, special projects and collects, or just some good advice.

Please return completed form to the Membership Chair or any officer. Thank you.