

Genealogical Society of Sarasota Membership Application

OFFICE USE ONLY

in database _____ Date _____ member card _____

MEMBERSHIP APPLICATION

- NEW MEMBER - Please Fill Out Entire Form.
- RENEWAL - Name, Check/Cash Amount, Address, Phone and EMail
- RENEWAL CHANGE/S - Address/es, phone number, E-mail, etc.

PLEASE PRINT

Mr/Dr _____
Surname Given Name

Mrs/Miss/Ms/Dr _____
Surname Given Name

Local Address _____

City/State _____ Zip _____ Phone _____

E-mail address _____

Seasonal Address _____

City/State _____ Zip _____ Phone _____

From Dates _____ To _____

ANNUAL DUES:

- \$15.00 a year per person, \$30.00 per family, July 1 through June 30.
Half rates for Jan. 1 thru June 30.
- \$ 5.00 a year. Student membership (Elementary, secondary & college).
- \$45.00 a year. Sustaining membership, two members same family.
- \$50.00 a year. Supporting membership, two members same family.

Payment: Please circle amount enclosed. Check # _____ Date _____ Cash _____

Make check payable to GENEALOGY SOCIETY OF SARASOTA, INC. and bring it with this completed form to the next meeting or mail both to

Genealogical Society of Sarasota, Inc.
PO Box 1917
Sarasota, FL 34230-1917

Your membership card will be given to you at the next meeting or will be mailed to you if you provide a SELF-ADDRESSED, STAMPED ENVELOPE.

Do you wish to have your name, address, phone number and e-mail listed in our annual Membership Directory? Yes No

I want to Volunteer for: _____Programs _____Publicity _____SIGs
_____Selby volunteer _____Membership _____Newsletter _____Other