

Tallahassee Genealogical Society, Inc.

Post Office Box 4371
Tallahassee, Florida 32315-4371
www.talgen.org

Membership Application

We thank you for your interest and invite you to become a member. Membership year begins July 1 and ends June 30. Dues are paid annually on July 1 and are \$20 for an individual membership and \$25 for a family membership (one mail-out to same address). Please print or type in the following information.

Date: _____

Are you applying for a NEW membership or a RENEWAL? New Reactivate

Type of Membership Individual Family

Primary members full name:

First Name _____ MI _____ Last Name _____

Secondary members full name:

First Name _____ MI _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Email (1): _____ Email (2): _____

Primary members occupation or profession: _____ Active Retired

Secondary members occupation or profession: _____ Active Retired

Please list membership in other organizations (i.e. genealogical, historical, museum, civic, etc)

Sponsored by (member name or internet): _____

What services might you be able to volunteer to the Society?

Accounting Clerical/Typing Computer Data Entry Presenting a Program Filing
 Lookups Refreshments Library Assistant Writing Articles Telephoning

What committee(s) in which you would be willing to serve?

Hospitality Publications (*Assistant*) Newsletter (*Assistant*) Quarterly (*Assistant*)
 Book Acquisitions Annual Seminar Budget Audit