

BLAINE COUNTY GENEALOGICAL SOCIETY
MEMBERSHIP APPLICATION FORM

Your Name: _____

Spouse's Name: _____

New Membership: _____ Renewal: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____

Email Address: _____

Amount Enclosed: \$ _____

Please list the surnames of the families you are researching:

Would like your surnames to appear on our Society's web page along with your postal and or email address: No _____ Yes _____