



KERRVILLE GENEALOGICAL SOCIETY MEMBERSHIP APPLICATION FORM

Dues for Calendar Year _____

NEW MEMBER _____ RENEWAL _____ DATE _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____

ZIP: _____ PHONE: _____

E-MAIL _____

Please check type of Membership:

_____ Individual \$15.00

_____ Family \$20.00--If family, spouse's name _____

_____ Patron \$75.00

_____ Benefactor \$500.00

_____ Student \$10.00

_____ Donation-**The Society is a tax-exempt, non-profit organization under the**

Internal Revenue Code 501 (c) (3)

If you can, please consider a higher level of support.

I can: Contribute to Newsletter _____ Serve on a Committee _____

Please make checks payable to: KERRVILLE GENEALOGICAL SOCIETY,
125 Lehmann Drive, Suite 102; Kerrville, TX 78028

Check # _____ Amount _____