

Organized  
Oct 1978  
Inc. 1981

CENTRAL GEORGIA GENEALOGICAL SOCIETY, INC.  
Post Office Box 2024  
Warner Robins, GA 31099

Tax Exempt  
Non-Profit  
Org. GA

APPLICATION FOR MEMBERSHIP

TYPE MEMBERSHIP APPLIED FOR: ( )\$30 Individual ( )\$35 Family\* ( ) Individual with Foreign Address add \$5.00 for Postage

PLEASE PRINT ALL INFORMATION

( ) Mr.  
( ) Mrs.  
( ) Miss \_\_\_\_\_ Born: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City/State & ZIP Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation/ Profession: \_\_\_\_\_ ( ) Active ( ) Retired

Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Year Started Research: \_\_\_\_\_ Surnames Researching: \_\_\_\_\_

Certification/Accreditation: \_\_\_\_\_

Are you a prior member of CGGS? ( ) Yes ( ) No Last year of membership? \_\_\_\_\_

WHEN DO YOU WANT YOUR MEMBERSHIP TO START? Check one of the following:

( ) THIS YEAR: If you want your membership to start this year you will receive all current year issues of our Journal and subsequent issues of our Newsletter. NOTE: Your next year's dues will be due for renewal by 31 December.

( ) NEXT YEAR: If you want your membership to start next year you will not receive your first Journal until next year. You will receive subsequent issues of our Newsletter and you are welcome to attend our monthly meetings.

\*FAMILY MEMBERSHIP is limited to husband and wife, widow/er with dependant living in the same household. Only one copy of the NEWSLETTER and JOURNAL will be mailed to family membership households. Please submit separate applications for both family members and indicate your relationship.

Annual dues are payable by 31 December of each year.

Check attached \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

FOR INTERNAL USE ONLY

Date received: \_\_\_\_\_

Membership Number: \_\_\_\_\_