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MEMBERSHIP APPLICATION FORM

New Member		Renewal		Donation		
1	·	Please indica	ate the type of membe	ership.		
Individual (\$25.	00)	Family (530.00) members)		Stude	nt (\$5.00)
Library (\$45.00)	ke checks payable to: St.		(\$60.00) cal Society & mail to ac	ddress above	e. Your canceled	check is your receipt.
Name:			····			
Address:			Home Phone:			
City, St., Zip:			Work Phone:			
E-Mail:			Cell Phone:			
Signature:		Date of application:				
	Would	-	the surnames yo		earching?	
Surname	Maiden Name	Given Name	DOB	Location	DOD	Location
When did your family come t	o St. Tammany Parish?					
	Volun		tial for the succe		•	
Web Site Maintenance	Reception	n/Registration	Photography	_	Publicity	_
Program/Speakers	Newslett	er/Publications	_ Genealog	gy Training (I	nstructor)	Membership Recruiting
Archives	Other					