



Membership Application

And Annual Renewal

Send this application by
mail to:

OR

Bring to the Next Meeting

GSWCO Membership
P.O. Box 2123
Hillsboro, OR 97123

Make checks payable to **The Genealogical Society of Washington County, OR.**

New_____Renewal_____ Date_____

NAME_____Maiden Name_____

ADDRESS_____

CITY_____STATE_____ZIP_____

TELEPHONE_____E-MAIL_____

Dues structure:

TYPE MEMBERSHIP	ANNUAL with GENEALOG and NOTICES <u>e-mailed</u>	ANNUAL with PRINTED GENEALOG and NOTICES <u>mailed</u>
Regular	\$15.00	\$20.00
Family	\$20.00	\$25.00

* One-time only payment

PLEASE INITIAL HERE TO INDICATE YOUR PERSONAL PREFERENCES:

_____ I GIVE PERMISSION FOR MY NAME AND E-MAIL ADDRESS TO BE POSTSED ON THE
WWW.GSWCO.ORG WEBSITE.

_____ I DO NOT WANT MY NAME AND E-MAIL ADDRESS POSTED ON THE WWW.GSWCO WEBSITE.

WELCOME TO YOUR SOCIETY:

WOULD YOU PLEASE CONSIDER VOLUNTEERING FOR A COMMITTEE SUCH AS MEMBERSHIP OR EDUCATION OR SERVING ON THE BOARD OF DIRECTORS? _____

SURNAME LIST: Please see the back of this form and list the names and places you are researching.

ADDENDUM B (continued):

SURNAME LIST

Which surnames are you researching? If you care to share your research questions, list them below.

Surname	Geographic Area	Year or Era

Questions:
