

Discover your roots. Link to the past.

Join Us

MEMBERSHIP FORM

Calhoun County Genealogical Society

Name _____ ☐ New Membership ☐ Renew Membership

Phone _____ Surnames you are researching

Address _____

City, State, ZIP _____

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Feel free to attach a five-generation ancestor chart and/or a query to be published in *Generations*.

☐ Membership card requested (please enclose SASE)

☐ **Check if you would like to receive *Generations* newsletter by e-mail in Adobe Acrobat (.pdf) format instead of postal mail.**

*Include \$18 to receive **Generations** newsletter by postal mail OR \$15 to receive an electronic copy via email.*

Please make your check payable to Calhoun County Genealogical Society or CCGS. Send to Membership Chair, Calhoun County Genealogical Society, P.O. Box 879, Marshall, MI 49068-0879

The membership year is September 1st through August 31st but are welcome at any time. Memberships received after May 30th will extend through the *following* August 31st.

CCGS Use only

Check number _____ Amount _____

Date Received _____ Paid-through date _____