

**FRANKLIN COUNTY GENEALOGICAL SOCIETY**

MEMBERSHIP APPLICATION/RENEWAL

**2020**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

Office Use Only \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_ DUES ARE \$20.00 PER CALENDAR YEAR \_\_\_\_\_ \$300 LIFE MEMBERSHIP

PLEASE SPECIFY IF YOU WOULD LIKE YOUR NEWSLETTER \_\_\_ BY MAIL OR \_\_\_ EMAIL

*(Non-specified will be emailed if an email address is provided)*

SURNAMES: \_\_\_\_\_