



MEMBERSHIP FORM- Calendar Year 2022

Please print and bring the completed form to a meeting or mail to:
Geauga County Genealogical Society
c/o Chardon Library
110 E. Park Street,
Chardon, OH 44024

Today's Date _____ I am (check one): ___Renewing my membership ___New Member ___ Lifetime Member

My check or money order payable to Geauga County Genealogical Society is enclosed for:

_____ \$12.00 for one year Membership

_____ \$125.00 Lifetime Membership

_____ An additional donation in the amount of \$ _____ (GCGS thanks you)

Name _____
Surname First Middle Maiden

Address _____ Apt. _____

City _____ State _____ Zip _____

Birthdate ___/___/___ Phone ___-___-___ Email _____

_____ Yes, I give or _____ No, I do not give permission for my contact information to be published in the 3rd Quarter *Raconteur* newsletter membership directory. This information is required annually.

List the surnames of families you are researching if you would like that information included in the *Raconteur* newsletter.

Please limit to 5 names _____

What states, areas or countries are you researching? _____

I've been researching: ___ less than a year ___ 1 to 5 years ___ Over 5 years

Purpose in joining the GCGS: How can we help? (please check all that apply)

___ Help with existing research ___ Improve research skills ___ Support the GCGS and its mission

Are you currently a member of the Ohio Genealogical Society? ___ Yes ___ No

Comments/ Questions?

