

MEMBERSHIP FORM- Calendar Year 2025

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:

_____ \$15.00 for one year Membership (calendar year January – December)

_____ \$130.00 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 to make sure we have your current contact information.

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?

