Geauga County Genealogical Society

MEMBERSHIP FORM- Calendar Year 2027

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/Suggestions?

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