

MEMBERSHIP FORM- Calendar Year 2024

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):Rer	newing my membership _	New Member	Lifetime Member
My check or money order parts 15.00 for one year \$130.00 Lifetime Monat An additional donat	Membership embership		losed for:	
Name				_
Surname	First	Middle		Maiden
Address			Α	ot
City		State	Zip	
Birthdate//	Phone	Email		
Yes, I give or Naconteur newsletter members the surnames of families. Please limit to 5 names	ership directory. This infor	mation is required annua	lly. on included in the	<i>Raconteur</i> newsletter.
What states, areas or countr	ies are you researching?			
I've been researching:	less than a year1 to 5	5 years Over 5 years		
Purpose in joining the GCGS Help with existing rese			GCGS and its mission	on
Are you currently a member	of the Ohio Genealogical S	ociety?Yes	No	
Comments/ Questions?				