Jewish Genealogical Society of Tampa Bay

A 501(c)(3) Not-for-Profit Corporation

MEMBERSHIP APPLICATION / RENEWAL

Annual dues - \$25 <u>Individual</u> Membership - \$35 <u>Family</u> Membership Please make check payable to *JGSTB* then mail check and this completed form to:

Attention: Membership Chairman Jewish Genealogical Society of Tampa Bay 14041 Icot Blvd.; Clearwater, FL 33760

DATE OF APPLICATION: _		
TYPE OF APPLICATION: C	heck one: INDIVIDUAL (\$25)	FAMILY (\$35)
NAME OF APPLICANT(S):_		
MAILING ADDRESS: (Stree	t Address)	
(City,	State, ZIP):	
LTERNATE TELEPHONE	(Cell/Business):	
-MAIL ADDRESS:		
APPLICANT'S	FAMILY NAMES AND LOCATION	IS BEING RESEARCHED
SURNAME	TOWN	COUNTRY
	Bruce Hadburg; bhadburg@tampabay	•
	D: Date	
	Amount	
	Payment in (cash or check #)	
	Pacaivad by	