



Western Massachusetts Genealogical Society

Application for Membership

NAME: _____
(Last) (First) (M.I.) (Maiden)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

E-MAIL ADDRESS: _____

NAMES BEING RESEARCHED: (List up to 8 Names: Include dates & locations)
(By filling in this section you're giving WMGS permission to add this info plus your name and email to our surname lists)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

MEMBERSHIP TYPE: (Membership fees are listed below. Please select one.)
Annual dues period is from September 1 to August 31.

- INDIVIDUAL, \$25** or **INSTITUTION, \$30**
 Renewal or **New Membership**

Note: Any additional financial support over and above the cost of membership is always greatly appreciated by WMGS.

Please make check payable to Western Massachusetts Genealogical Society.

Remit payment to: Western Massachusetts Genealogical Society
P.O. Box 418
West Springfield, MA 01090

For Office Use Only:	10/2015
Date Received: _____ Cash \$ _____ or Check _____	
Membership Number Assigned: _____	
Added to Membership List _____ Newsletter E-Mail List _____ Card _____ Name Tag _____	