

I desire membership in the San Antonio Genealogical and Historical society for the fiscal year

_____ (Membership is from July 1 to June 30)

New members may join the Society at a pro-rated fee: Oct. 1 - Dec. 31 ($\frac{3}{4}$ of regular dues); Jan 1-Mar 31 ($\frac{1}{2}$ regular dues); April 1 - June 30 ($\frac{1}{4}$ regular dues). Former members are eligible for pro-ration only if they have not been members of the Society for a full year (July 1 - June 30 prior to rejoining the Society).

I have _____ or have not _____ been a member of this Society.

Miss/ Ms /Mr. / Other _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City: _____ State _____ Zip + 4 _____

Phone _____ E-Mail _____

Occupation (or retired from) _____

Age: 18 -30 _____ 30-60 _____ over 60 _____

Single Membership: \$40.00 yearly \$ _____

Joint Membership: \$60.00 yearly \$ _____

Subscription Membership: \$25.00 yearly \$ _____

Student Membership: \$25.00 yearly \$ _____

In what states, countries etc, are you presently researching? _____

Are you a Beginning _____ Intermediate _____ or Advanced _____ researcher?

How can SAGHS help you? _____

Would you be willing to share your skills, talents and interests with the Society? Please check areas of

Interest: Computer Skills _____ Volunteer Librarian _____ Abstracting Records _____

Abstracting Cemeteries _____ Mentoring _____ Newsletter _____ Publications _____

1st Families of Bexar County _____ Other _____

How did you find SAGHS? _____

I do _____, do not _____ want to

Receive SAGHS Journal

Our Heritage

Make checks payable to SAGHS

Date: _____

Check # _____

For SAGHS Use Only

Ledger

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Newsletter

Send this form with your check to: SAGHS Membership PO Box 790087 San Antonio, Texas 78279-0087