

ARIZONA STATE GENEALOGICAL SOCIETY

MEMBERSHIP APPLICATION

AzSGS.org

Membership is Based on the Fiscal Year July 1 – Jun 30

APPLICANT INFORMATION

New Membership

Renewal Membership

Name(s):

Maiden Name if Applicable:

Address:

City:

State:

ZIP+4:

Phone:

E-mail(s):

TYPE OF MEMBERSHIP

Individual Annual Membership

\$ 22.00

Individual Half-Year Membership (Jan-Jun)

\$ 11.00

Family Membership

\$ 33.00

Family Half-Year Membership (Jan-Jun)

\$ 16.50

Donation

\$ _____

Donations to ASGS are exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code. Dues are not donations.

FGS

\$ _____

Stern NARA Gift Fund, administered by the FGS, is exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code.

Total enclosed

\$ _____

(If you wish, payment of dues may be made using a credit card at AzSGS.org.)

TELL US ABOUT YOURSELF

Occupation(s):

if retired check here and give former occupation(s)

Name(s) You Want on Your Name Tag(s):

How did you hear about us?

SIGNATURE

By signing below, I/we give permission to the Arizona State Genealogical Society to publish personal information such as address and telephone number for the use of members of the Society for such purposes as a membership roster and surname database. I/we also authorize the use of photographs of myself/ourselves at Society functions to be published in various Society publications or (unnamed) on the AzSGS.org website.

ASGS will not sell or share your personal information with other entities.

Signature of applicant:

Date:

Family membership, second applicant signature:

Date:

COMPLETE THIS APPLICATION AND SUBMIT WITH PAYMENT TO:

ASGS
P.O. BOX 42075
TUCSON, ARIZONA 85733-2075

REGISTRAR'S RECORD (Do not write in this section):

MEMBER #: _____

AMOUNT REC'D: \$ _____ CHECK #: _____ DATE PROCESSED: _____ INIT: _____