

Check box if any information has changed since last year.



# JEFFERSON GENEALOGICAL SOCIETY

## MEMBER RENEWAL FORM

**\$15/Individual**

**\$20/Family at same address**

**DUES MUST BE PAID BEFORE JANUARY 31**

*Membership year starts Jan. 1 and ends Dec. 31.*

**Please print. One form per person.**

Name: \_\_\_\_\_  
*First Middle or Maiden if married Last*

Address: \_\_\_\_\_  
*City State FULL ZIP - 9 digits*

DOB: \_\_\_\_\_ Telephones: Home (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
*MM/DD/YYYY (Please include area code)*

Work: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Email address: \_\_\_\_\_  
*(Please include area code)*

Participation in a Special Interest Group (SIG) is available to members. Please check if interested.  
**SIG participation:** \_\_\_\_\_ German SIG \_\_\_\_\_ Irish SIG \_\_\_\_\_ St. Domingue SIG

Once a year JGS publishes a Roster **for our members only.** Please check which information you **do not wish** to have published in the Roster.

Do **not** publish \_\_\_\_\_ my address \_\_\_\_\_ phone number \_\_\_\_\_ E-mail address

\_\_\_\_\_  
*Signature required for permission*

\_\_\_\_\_  
*Date*

**MAIL THIS FORM WITH YOUR DUES PAYMENT TO:**

**JGS Membership Chairperson, P. O. Box 961, Metairie, LA 70004-0961**

*Please make checks payable to Jefferson Genealogical Society*

Enclosed: \_\_\_\_\_ check \_\_\_\_\_ cash

For office use only. Date received \_\_\_\_\_  
Amount enclosed \$ \_\_\_\_\_  
Check No. \_\_\_\_\_  
JGS Membership Number \_\_\_\_\_