

JEFFERSON GENEALOGICAL SOCIETY



NEW MEMBER FORM

\$30/Individual
\$35/Family at same address

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)

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 or JGS

Enclosed: _____ check _____ cash

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