

Membership Application

Please print clearly

Membership: New _____ Renewal _____ Date _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Best Contact Phone # _____

Email: _____

If this is a family membership, list other family member's full names: _____

Surnames or interests you're researching: _____

Who referred you, or how did you learn about us? Be specific so we can track how our publicity is working:

I need help with: _____

By joining WHAGS you grant permission to share basic contact information and surnames you research with other Society members via e-mail or in a Member's Only area of our website and to communicate with you using the email address you provided.

Payment

Your dues pay for presenters, special events, postage, and other society expenses. Your membership runs from June 1st to the following May 31st.

Single membership...\$20 }
Family membership...\$30 } \$ _____

Donations:

As a 501 (c)(3) organization, monetary contributions to the Society in excess of annual dues are appreciated.

Contributor... \$20 but less than \$50 }
Benefactor... \$50 but less than \$100 }
Patron..... \$100 or more } \$ _____

Donors will be recognized on the Membership List, on name badges, and other ways as directed by the Board. Receipts will be provided for donations.

Make checks payable to: WHAGS. Mail this form and your check to the address above or submit at the next monthly meeting.

Cash amount \$ _____ or Check # _____ Date _____ TOTAL \$

If your information changes during the year, please notify the Membership Chair at Membership@WHAGS.email