



WICHITA GENEALOGICAL SOCIETY

PO BOX 3705 WICHITA KS 67201-3705

www.wichitagensoc.org

316-218-2783

Date: ____/____/____

MEMBERSHIP APPLICATION/RENEWAL FORM

Complete this form and bring to a monthly meeting, or mail it to the above address, or register online.

MEMBER #1	MEMBER #2 (must live at the same address)
Name: _____	Name: _____
Email: _____	Email: _____
Primary Phone: (____) _____ - _____	Primary Phone: (____) _____ - _____
Birth Year: _____ Gender: _____	Birth Year: _____ Gender: _____
Occupation/Degree: _____	Occupation/Degree: _____
<input type="checkbox"/> New member <input type="checkbox"/> Renewing member	<input type="checkbox"/> New member <input type="checkbox"/> Renewing member
Address: _____ City: _____ St: _____ Zip Code: _____	

MEMBERSHIP ANNUAL RATES (membership is for 12 full months) - membership does NOT auto renew

CATEGORY (membership period starts the 1st of the month after payment)	Amount
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION - Contact Name: _____	\$ 25.00
<input type="checkbox"/> FAMILY (must live at the same address, limit two individuals)	\$ 35.00
<input type="checkbox"/> PRINTED copy of the society's quarterly newsletter (no cost for online digital version)	\$ 10.00
<input type="checkbox"/> DONATION (used to cover the costs of subscriptions, books, digitization & library support) *	\$ _____
TOTAL REMITTANCE (make your check payable to: Wichita Genealogical Society)	\$ _____

(If you elect to register online, you may use your credit card for payment)

* WGS is a 501(c)3 non-profit organization and donations are eligible for tax deduction. Please be generous.

VOLUNTEER PREFERENCES (you may select more than one) - (officer positions are capitalized)

<input type="checkbox"/> PRESIDENT	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> SECRETARY	<input type="checkbox"/> REGISTRAR	<input type="checkbox"/> TREASURER	<input type="checkbox"/> Social Media
<input type="checkbox"/> Education	<input type="checkbox"/> Technology	<input type="checkbox"/> Programs	<input type="checkbox"/> Historian	<input type="checkbox"/> Publicity	<input type="checkbox"/> Publications
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Exchanges	<input type="checkbox"/> Audit	<input type="checkbox"/> Postal	<input type="checkbox"/> Conference	<input type="checkbox"/> Library Assistance

How did you hear about WGS?: _____

If you were referred to WGS, who referred you?: _____

What services would you like to receive from WGS?: _____

INTERNAL USE ONLY

Notifications: Registrar Webmaster Treasurer President Publications _____

Payment Data: Check #: _____ Date: ____/____/____ Amt: _____

Registrar Signature: _____

Notes: