

WGS Membership Form

Please print this page, complete, bring to a monthly meeting or mail to:

Wichita Genealogical Society
Attention: Registrar
P. O. Box 3705
Wichita, KS 67201-3705

Please check one: New Member Renewal Date: _____

Full Name

Address

City, State, Zip

Telephone

Email Address

Are you interested in volunteering? Assist Patrons , Special Projects , Classes

Membership Type - Please check one:

- \$25 Individual
- \$10 Each Additional Household Member
- \$25 Organizations
- \$20 Gift
- Add \$10 For Printed (Hardcopy) Quarterly Newsletter
(A PDF version is emailed to you with basic membership)

Enclosed is \$ _____ for membership in WGS for one year.

Your membership year begins with the calendar month that your dues are received.

Be sure to include your email address. You will receive a a welcome email with a temporary login name and password.