



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:

Name: _____

Email: _____

Primary Phone: (____) _____ - _____

Birth Year: _____ Gender: _____

Occupation/Degree: _____

New member Renewing member

MEMBER #2:

Name: _____

Email: _____

Primary Phone: (____) _____ - _____

Birth Year: _____ Gender: _____

Occupation/Degree: _____

New member 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"/> JOINT (if more than one additional member is joining, the rate is \$10 for each individual) | \$ 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)

- PRESIDENT VICE PRESIDENT SECRETARY REGISTRAR TREASURER Social Media
 Education Technology Programs Historian Publicity Publications
 Hospitality Exchanges Audit Postal Conference 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: _____