



WICHITA GENEALOGICAL SOCIETY

PO BOX 3705 WICHITA KS 67201-3705

www.wichitagensoc.org

316-218-2783

Date: ____/____/____

MEMBERSHIP APPLICATION/RENEWAL FORM

Print this page, complete and bring to a monthly meeting, mail to the above address, or register online.

Member #1:

Name: _____

Email: _____

Primary Phone: (_____) - _____

Birth Year: _____ Gender: _____

Occupation/Degree: _____

New member Renewal member

Member #2:

Name: _____

Email: _____

Primary Phone: (_____) - _____

Birth Year: _____ Gender: _____

Occupation/Degree: _____

New member Renewal member

Membership Rates:

Category (membership period starts the 1st of the month after payment)	Amount
<input type="checkbox"/> Individual <input type="checkbox"/> Organization (e.g., Society, Library, Museum, School, Depository)	\$ 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 quarterly newsletter (no cost for online digital version)	\$ 10.00
<input type="checkbox"/> Donation (used to cover the costs of subscriptions, books, & 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, donations are eligible for tax deduction. Please be generous.

Volunteer Preferences (you may select more than one)

- 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?: _____

Why are you interested in genealogy?: _____

Note to members: WGS does not share membership information outside of our society.

INTERNAL USE ONLY

Notifications: Registrar Webmaster Treasurer President Publications

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

Registrar Signature: _____