

LSCGG MEMBERSHIP APPLICATION / RENEWAL FORM

Please print or type the following information: Date Submitted: _____

NAME _____ SPOUSE _____ PHONE _____
(Print name of spouse if this is a family membership)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

I want future newsletters (circle one) POSTAL MAILED or EMAILED as a PDF attachment.

MEMBERSHIPS: Individual \$15.00 Family \$18.00 NEW _____ RENEWAL _____ REJOINING _____

SURNAME INTERESTS (limit of ten, please) _____

The Surname Index has been posted to the LSCGG website at lscgg.org. If someone is interested in your Surname listings, can the Guild give out your name and email address?

(circle one) Share my mailing address | Share only my email | DO NOT SHARE