

DIGITAL MEMBERSHIP FORM FOR THE LSCGG
All Memberships End Following December 31 of the Year
in Which You Either Join, Renew, or Rejoin
Please Use Only If You Submit Dues via LSCGG Pay Pal Account
Single: \$15 and Family: \$18

First Name

Last Name

Name of Spouse

Postal Mailing Street Address

City

State

Zip Code

Phone Number

Email

Delivery Method Preferred for Receiving
Copies of the LSCGG Newsletters (**Check One**)

Postal Mail Paper

Email PDF Copy

List Family Surnames That You Are
Researching (**Limit of Eight**)

#1

#2

#3

#4

#5

#6

#7

#8

Are you willing to allow the LSCGG to your share contact information with other researchers who have an interest in one or more of the same family surnames? (**Check One**)

Only Share Postal Address

Only Share Email Address

Do NOT Share Information

I am remitting membership dues for: (**Check One**)

Single (\$15)

Family (\$18)