

Germanic Genealogy Society

Membership Application Form

Name: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal code: _____

Phone: (____) _____ Email: _____

Member Status: New Member Renewing Member (Member ID: _____ on Journal label)

Dues are **\$15.00** per year.

Membership Amount: ____ years @ \$15/year = Total Amount \$ _____ (up to three years in advance)

Payment Method: Check (Please make the check payable to **Germanic Genealogy Society**.)

Cash

Mail to: **Germanic Genealogy Society**
P.O. Box 16312
St. Paul, MN 55116-0312