

**CHARLES COUNTY MARYLAND GENEALOGICAL SOCIETY  
2010 MEMBERSHIP APPLICATION**

Please Print or Type: Renewal \_\_\_\_\_ Donation \_\_\_\_\_ New \_\_\_\_\_

Title	SURNAME	First Name	Middle Initial
If Family Membership, 2nd name at same address: _____			
Address: _____			City _____
State (abbr) _____		9-Digit Zip _____	
Phone No.: ( _____ ) _____		E-Mail: _____	

Membership Year is 1 January to 31 December. Payments received after Nov. 1st are for following year.

Please Check: **Individual:** [  ] \$10.00     **Family:** [  ] \$15.00     **Donation:** [  ] \$ \_\_\_\_\_

Payment may be made by check or money order payable to **Charles County Maryland Genealogical Society**.  
 Mail to: CCMDGS, P.O. Box 1537, White Plains, MD 20695-1537.

List up to 5 surnames you are researching: \_\_\_\_\_

County(s) and State(s) in which you are researching: \_\_\_\_\_

Please check all that apply:

- \* \_\_\_\_\_ I wish to receive my Society Newsletter **ELECTRONICALLY**.
- \* I do **NOT** wish the following published in our Society newsletter:
  - \* \_\_\_\_\_ My address     \* \_\_\_\_\_ My e-mail address     \* \_\_\_\_\_ My telephone number

**Comments:** We welcome suggestions on future speakers, discussion topics/presentations, or general suggestions for the Society: