CHARLES COUNTY MARYLAND GENEALOGICAL SOCIETY
2012 MEMBERSHIP APPLICATION

Please Type or Print**:** **New**_____ **Renewal**____ (# of Yrs. ____) **Donation**_____

_____
SURNAME **First Name** **Middle Initial**
Title

If Family Membership, 2nd name at same address: _____

Address*:* _____ City _____

State (abbr) _____ 9-Digit Zip _____

Phone No.: (_____) _____ E-Mail: _____

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

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

If paying dues for several years, please indicate number of years (i.e., 3): _____

Mail payment (payable by check or money order) to:

Charles County Maryland Genealogical Society (or **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/suggestions are always welcome re future speakers, discussion topics, presentations, or general suggestions for the Society.