

Membership Application

Date: _____

Last Name: _____

Are you on Facebook? YES NO

First Name: _____

Is this a change of information? YES NO

Middle Name: _____

Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Surnames being researched:

Please list below the Family Surnames of those you are researching. Please include full names, known dates, and areas in Anderson and surrounding counties. *Use the back of this form if you need more space to add a surname.*

Surname, Given	Locations (City or County)	Dates

New Member

Renewal

ASSOCIATE - \$15.00 - I am a primary member of another SCGS Chapter.
SCGS Chapter _____ SCGS Member # _____

INDIVIDUAL - \$25.00 - Membership for one person.

FAMILY - \$30.00 - Membership for 2 people, within the same household.
Name of 2nd person: _____

Donation - _____

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Check # _____	Amount \$ _____
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Make checks payable to: ACC, SCGS

Mail to: ACC, SCGS, P.O. Box 74, Anderson, South Carolina 29622-0074