

Please Clip or Print this Form, Complete and Mail With Your Check To The Address Below.

Longmont Genealogical Society Membership Application/Renewal		
Name	Maiden Name (Optional)	Birth date (Mo. & Day, not year)
If a <u>Family Membership</u> ; Second person's name	Second person's Maiden Name (Optional)	Second person's Birth date (Mo. & Day, not year)
Address (Street) (City / Town) (State) (Zip+4)		
Telephone	E-Mail Address	
Date:	New _____ Or, Renewal _____	Mail check and application to: Longmont Genealogical Society P.O. Box 6081 Longmont, CO 80501 - 2077
Cash / Check #	Check as Appropriate: _____ Individual Membership \$ 25.00 per year _____ Family Membership \$30.00 per year _____ To receive the Heritage newsletter by mail, include an additional \$12 for printing and postage.	