

Please Print This Document And Mail With Your Check To The Address Below.

| Longmont Genealogical Society Membership Application | | Member # |
|---|---|---|
| Name | | Maiden (if applicable) |
| Name of Second Family Member (if applicable) | | |
| Address (Street) (City/Town) (State) (Zip+4) | | |
| Telephone | | Email |
| Cash / Check # | Check one: _____ Individual Membership \$15.00 per year _____ Family Membership \$18.00 per year | Mail check and application to: Longmont Genealogical Society P.O. Box 6081 Longmont , CO 80501 - 2077 |