

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

Longmont Genealogical Society Membership Application

Name	Maiden Name (if applicable)	Birth date (month/day, not year)
If a <u>Family Membership</u> ; Second person's name	Second person's Maiden Name (if applicable)	Second person's Birthdate (month/day, not year)
Address		
(Street)	(City / Town)	(State) (Zip+4)
Telephone	E-Mail	
Cash / Check #	New _____ Or, Renewal _____ 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