CRAWFORD COUNTY HISTORICAL &
GENEALOGICAL SOCIETY MEMBERSHIP FORM
2026-2027

Dues for annual membership are $15 for a single member, one vote; $20 for a family, two votes; $25 for an organization, two votes. Voting members' names must be included. Please include the name of the organization if applicable. All dues payable by July 1st. Membership includes a subscription to the CCHGS Newsletter published quarterly. Please choose which method for newsletter delivery, if left blank, no newsletter will be sent. Please note, we only do memberships on a "per year" basis. Sorry for any inconvenience.

Mail this form with dues to:
CCHGS
Sharon Morris, Treasurer
P.O. Box 162
Leavenworth, IN. 47137

[ ] New Member [ ] Renewal

First Name(s)_____MI_____ Last Name_____
_____ MI_____ Last Name _____

Street Address_____
City_____ State_____
Zip_____
Home Phone_____
Name of Organization_____

Choose how you want your quarterly newsletter:

[ ] E-mail_____

[ ] Local pick up (@ monthly meetings)

Thanks for your interest in joining the CCHGS.