

CRAWFORD COUNTY HISTORICAL &  
GENEALOGICAL SOCIETY MEMBERSHIP FORM  
2024-2025



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.