## CENTRAL GEORGIA GENEALOGICAL SOCIETY, INC Post Office Box 2024 Warner Robins, Ga. 31099

## **APPLICATION FOR MEMBERSHIP**

MEMBERSHIP LEVELS: ( Please check one	) Individual \$30.00	( ) Family* \$35.00	( ) Individual with Foreign Acadd \$5.00 for postage	ddress
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( ) Mr. ( ) Mrs. ( ) Ms Mailing Address: City/State				
& Zip Code:				
Telephone: ()	Email	Address:	For electronic delivery of the CGGS Newslo	
Surnames you are researchin	g:	(	For electronic delivery of the CGGS Newsl	etter)
			rmediate ( ) Advanced research ast year of membership?	
WHEN DO YOU WANT Y	OUR MEMBERS	HIP TO STAR	<b>T</b> ? Check one of the following:	
			ear you will receive all current issues oTE: Your next year's dues will be do	
	oril of next year. Y	ou will receive	year you will not receive your first issues of our Newsletter for the year gs.	
	py of the CGGS Jo	urnal will be ma	widow/er with dependent living in the iled to family membership house-hold indicate your relationship.	
Annua	al dues are payal	ole by 1 Janua	ry of each year.	
Check attached \$	Signature of	f Applicant	Date Signed	
Check No./Cash:	Date receive	ed:	Membership No	

**Welcome to CGGS!** Our Membership Chairperson will assign you a membership number which can be used to obtain a 10% discount on CGGS publications (books, back issues of Quarterlies/Journals and CDs). Other membership benefits include the CGGS bimonthly electronic newsletter, the semiannual CGGS Journal and educational monthly meetings.