



CGS MEMBERSHIP

NAME(S): Mr. Mrs. Dr. Ms. Miss (circle)

MAIDEN NAME

MAILING ADDRESS

CITY

STATE ZIP

PHONE: HOME or BUSINESS (circle)

EMAIL

**Permission to publish in CGS membership directory

___ Check here if you do NOT wish to have your contact information published (phone no. or email) in the directory

**CGS does not give out membership lists to any other organization.

For Membership Year from 1 Jan. thru 31 Dec.
AFTER June 1, please remit for 1 1/2 years

INDIVIDUAL \$25	FAMILY \$30
INDIVIDUAL \$35	FAMILY \$40

SOCIETIES and LIBRARIES \$30

New Application or Renewal: _____ Individual ____ Family _____ \$ _____

We also ask members to donate \$1 or more to one or more of the following funds:

Funds to purchase books for DPL's Western and Genealogy Collection \$ _____

Malcom H. Stern N.A.R.A. Gift Fund to produce microfilms for the National Archives \$ _____

Members from **Foreign Countries only** add \$12 for postage \$ _____

Total Amount of Check (made out to Colorado Genealogical Society) Enclosed: \$ _____

Mail this form and payment to:

CGS Membership Chairperson, P. O. Box 9218, Denver, CO 80209-0218.

Enclose a stamped, self-addressed envelope if you wish to receive a membership card.

Thank you and we shall look forward to your membership and participation!