

CAPE COD GENEALOGICAL SOCIETY, INC

Application for Membership

Last Name: _____ First _____ Middle/Maiden _____

Other Person

Last: _____ First _____ Middle/Maiden _____

(Only if wishes to be listed as a member)

Primary Mailing

Address: _____

Telephone No.: _____

E-mail Address: _____ (Please print clearly)

May we list your E-mail address to our members? _____

Seasonal Mailing

Address: _____

Seasonal Dates: From (m) _____ (d) _____ (y) _____ To (m) _____ (d) _____ (y) _____

Years of Genealogical Experience: _____ Do you use a computer in your genealogical work? _____

What genealogical software do you use? _____

Memberships in Allied Associations

Names of Major Research Interest

Surname

Given Name

Localities

Please check the areas below in which you would like to help serve CCGS

Journal _____ Education _____ Library _____ Membership _____ Social _____ Publicity _____

Yearly dues are \$25.00 (\$30.00, foreign) for the calendar year for one person or for a couple who receive one copy of the bi-annual *Journal*. **Please fill out the application by typing or printing, preferably in black ink.**

When dues for a new member are received during the year, the Society will send back issues for that year.

After November 1, membership applies to the next year. Please send application and check to:

Cape Cod Genealogical Society, Inc.

P.O. Box 1394

Harwich, MA 02645

Thank you for joining the Cape Cod Genealogical Society.