

Complete this form and mail it along with a check to the address shown.

Membership Application Name(s): _____

Address: _____

City: _____ State: _____

Zip + 4 _____

Phone: _____

Email: _____

(Your information will never be published or shared without your consent.)

New Member _____ Renewal _____ Donation _____

Membership Type:

____ \$20 Individual

____ \$25 Dual Membership - Name of second member: _____

____ \$300 Individual Lifetime membership

____ **Donation to:**

____ Eastside Genealogical Society (amt.) \$ _____

____ German Interest Group (amt.) \$ _____

____ Donation to Other: _____ Amt. \$ _____

Mail this form with your check to:

Membership Eastside Genealogical Society

PO Box 374

Bellevue, Washington 98009-0374