

**JEFFERSON  
GENEALOGICAL  
SOCIETY**

**NEW MEMBER INFORMATION FORM**



**\$25/INDIVIDUAL; \$30/COUPLE; \$35/Family of 3**  
**Please print or type.**

**Name:** \_\_\_\_\_  
*First (If married, give both names) Maiden or Middle Last*

**Address:** \_\_\_\_\_  
*(Please include area code) City State FULL ZIP - 9 digits*

**Telephones: Home** (\_\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_\_) \_\_\_\_\_ **ext.** \_\_\_\_\_

**Cell:** (\_\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

Number of years of genealogical experience: \_\_\_\_\_

Memberships held in other genealogical/historical societies: \_\_\_\_\_

Areas of genealogical/historical expertise, experience, or interest: \_\_\_\_\_

**VOLUNTEER!! JGS needs you!!**

*A check indicates which committees/activities I will volunteer for:*

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Publications    | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Field trips      | <input type="checkbox"/> Founder's Day  |
| <input type="checkbox"/> Audit           | <input type="checkbox"/> Publicity  | <input type="checkbox"/> Christmas Party  | <input type="checkbox"/> Membership     |
| <input type="checkbox"/> Parliamentarian | <input type="checkbox"/> Telephone  | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Estate Salvage |
| <input type="checkbox"/> Genealogy Fair  | <input type="checkbox"/> Research   | <input type="checkbox"/> Program          | <input type="checkbox"/> Website        |

I would like to serve as  an officer  a board member

**SIG participation:**  St Domingue SIG  Ireland SIG  German SIG

**Check where appropriate:**

Do **not** publish  my address  phone number  E-mail address  FAX

I hereby grant permission to the Society to publish any information that I submit on (check where appropriate)  the Surname Form  Ancestor Chart, and/or  Membership Form.

\_\_\_\_\_  
*Signature required for permission*

\_\_\_\_\_  
*Date*

**MAIL THIS FORM WITH YOUR DUES PAYMENT TO:**

**JGS Membership Chairperson, P. O. Box 961, Metairie, LA 70004-0961**

*Please make checks payable to Jefferson Genealogical Society*

Enclosed:  check  cash

For office use only.	Date received _____
	Amount enclosed \$ _____
	Check No. _____
	JGS Membership Number _____