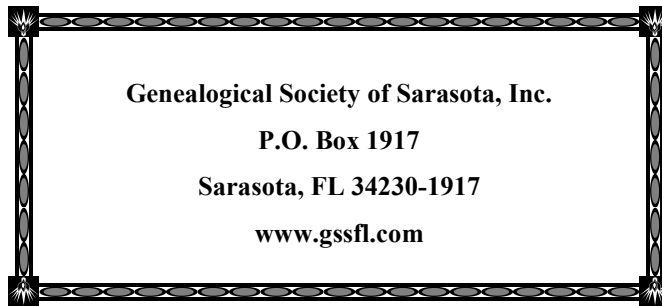


GENEALOGICAL SOCIETY OF SARASOTA, INC.



Genealogical Society of Sarasota, Inc.

P.O. Box 1917

Sarasota, FL 34230-1917

www.gssfl.com

MEMBERSHIP APPLICATION

GENEALOGICAL SOCIETY OF SARASOTA, INC.
P.O. BOX 1917, SARASOTA, FL 34230-1917

PLEASE PRINT

Mr. / Mrs. / Miss / Ms _____

If family membership, spouse's name _____

Local Address _____ City _____ Zip _____

Phone _____ Email _____

PLEASE CIRCLE AMOUNT ENCLOSED CHECK NO _____ DATE _____

Annual Dues \$ 20.00 per individual
July 1st 30.00 for a family
thru June 30th 5.00 per student
40.00 **Sustaining*** membership (two members of the same family)
50.00 **Supporting*** membership (two members of the same family)

*Choices for those who wish to further support GSS.

Please make your check payable to the **Genealogical Society of Sarasota, Inc.** and mail to the address on this form. Please do not send cash through the mail.

PLACE AN (X) IN FRONT OF 1 OR MORE COMMITTEES AND ACTIVITIES WHICH INTEREST YOU :

- | | |
|---|--|
| <input type="checkbox"/> Computer User's SIG | <input type="checkbox"/> DNA SIG |
| <input type="checkbox"/> Germanic Research SIG | <input type="checkbox"/> Polish SIG |
| <input type="checkbox"/> Irish Research SIG | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> New England Research SIG | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> UK Research SIG | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Selby Library Volunteer | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> None of the above |

Do you wish to have your name in the New Member section of our newsletter? Yes _____ No _____