



Western Massachusetts Genealogical Society, Inc.

Application for Membership

NAME: _____
(Last) (First) (M.I.) (Maiden)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ - _____ or CELL PHONE: (____) _____ - _____

E-MAIL ADDRESS: _____

Contact information is never shared without consent.

MEMBERSHIP TYPE: (Membership fees are listed below. Please select one.)

Annual dues period is from September 1 to August 31.

Single, \$30 or **Couples (household), \$45**
or **Student, \$15** or **Lifetime, \$500**

SELECT ONE: Renewal or New Membership

Please consider making an additional donation of \$500____ \$250____ \$100____ \$50____
\$25____ \$10____ Other Amount\$____ (WMGS is a 501(c)3 non-profit organization)

Please make checks payable to **Western Massachusetts Genealogical Society, Inc.**

or go to **www.westmassgen.com** and pay by PayPal at the Join/Renew tab.

(You do not need a PayPal account to use this feature.)

Please mail the application (and payment if using a check) to us at:

P.O. Box 418, West Springfield, MA 01090-0418

You may also join in person at a meeting using cash or check.

*****New members must submit an application via mail or in person, even when using PayPal, so we may have all information necessary for the WMGS membership list..**

For Office Use Only:

Revised: 1/2019

Date Received: _____ Cash: \$ _____ or Check #: _____ or PayPal: _____

Membership Number: _____ Added to Membership List: _____ Members Only: _____

Welcome/Surname Letter: _____ Card _____ Name Tag _____ Newsletter _____