



Western Massachusetts Genealogical Society, Inc.

Application for Membership

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

EMAIL 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, \$35** or ☐ **Couples (same household), \$50**
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.)

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 a check.

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