



**SOUTH KING COUNTY GENEALOGICAL SOCIETY
APPLICATION FOR MEMBERSHIP**

Type of membership: Single _____ \$20.00
Dual _____ \$30.00 applies to any two members in the same household

Dues cover 12 months expiring the 1st of the month after the month you initially pay

_____ New Membership _____ Renewal Gift Membership from _____
(If a gift membership, enter your name above & complete the information for the new member below)

DATE: _____

NAME(s): _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

PRIMARY PHONE NUMBER: Home: _____ Cell: _____

PRIMARY E-MAIL ADDRESS _____

Contact data is used to send information regarding upcoming SKCGS meetings and activities. We do not publish or sell any contact data and only maintain that data with the participant's consent.

I agree to receive information from SKCGS: ___ Yes ___ No I understand that I may rescind consent at any time

Donation _____

SKCGS is a 501(c)3 non-profit organization. (EIN 91-1292635) thus donations are tax deductible. Please retain a copy of your receipt for your tax records.

Mail form with a check for _____ to SKCGS Membership, P.O. Box 582, Auburn, WA 98071-0582

Or

On the right side of this PDF, select **Fill & Sign**, complete the form, save and send as an email attachment to forms@skcgs.org For your convenience, SKCGS Treasurer will send you an electronic invoice which you may pay online through Square

Office Use Only

Treasurer:

Membership Chair:

Payment Received _____

Receipt Number _____