



## SOUTH KING COUNTY GENEALOGICAL SOCIETY APPLICATION FOR MEMBERSHIP

MEMBERSHIP REQUESTED  NEW  RENEWAL  GIFT MEMBERSHIP FROM: \_\_\_\_\_  
(your name)

*Complete information below  
for new member*

MEMBERSHIP TYPE  INDIVIDUAL, 1 YEAR ... \$20  FAMILY, 1 YEAR ... \$30 (applies to any two members in the same household)

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DONATION  I WOULD LIKE TO INCLUDE A DONATION: \$ \_\_\_\_\_

SKCGS is a 501(c)(3) non-profit organization, (EIN 91-1292635). Donations are tax-deductible to the extent allowed by law.

Contact data is used to send information regarding upcoming SKCGS meetings, activities, and membership. We do not publish or sell any contact data and only maintain that data with the participant's consent. I understand that I may rescind consent at any time.

**Please mail your check and this form to:**

**SKCGS Membership  
4822 SW Niesz Ct  
Seattle, WA 98116**

OFFICE USE ONLY

TREASURER

MEMBERSHIP CHAIR

Payment Received \_\_\_\_\_

Receipt Number \_\_\_\_\_