



**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: _____ Or Cell: _____

PRIMARY E-MAIL ADDRESS: _____

You are invited to include your name on a SKCGS Member Contact List developed for the purpose of sharing information on families or research in particular locations. This is optional. To protect your privacy, your name will not appear on this list without your permission. Agree to be on the list Yes ___ No ___

Please list the following information which you are interested in sharing. The location names are not mutually exclusive:

4 surnames _____

4 locations _____

MAKE CHECKS PAYABLE TO SKCGS
MAIL TO: SKCGS Membership, P.O. Box 582, Auburn, WA 98071-0582

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.