

Cornerstone Genealogical Society

P.O. Box 547

Waynesburg, Pa. 15370

APPLICATION FOR MEMBERSHIP

Yearly Memberships are for the calendar year (Jan. 1 through Dec. 31)

Name: _____

Type of Membership

[] \$25.00 Regular

Address: _____

[] \$60.00 Patron

City: _____ State: _____ Zip: _____

For Calendar Year _____

(Note: all Yearly Memberships will expire December 31st, regardless of when memberships are submitted)

Phone: _____

E-mail: _____ Receive "Clues" by e-mail Receive "Clues" by USPS mail

Amount of Check enclosed: \$ _____ (Make check payable to Cornerstone Genealogical Society.)

Families I am interested in researching (Information to be published in the *Cornerstone Clues.*):

Note: Research requests are to be completed on a separate form.

If you would like CGS to send you a Membership Card, please include a self-addressed stamped envelope along with your membership application and check.

AUTHORIZATION TO PUBLISH

I understand that my signature below grants Cornerstone Genealogical Society permission to publish in the *Cornerstone Clues* the list of families I am interested in researching as noted above. It furthermore grants Cornerstone Genealogical Society permission to publish my name and address along with this data, so that parties interested in exchanging information may contact me.

Signature: _____ Date: _____

Additional contact information you would want published, such as Email or phone number: