



MEMBERSHIP APPLICATION
GERMAN-ACADIAN COAST
HISTORICAL & GENEALOGICAL SOCIETY
 Attn: Membership Committee
 P.O. Box 3086
 LaPlace, LA 70069-3086



To become a member one must, print, complete, and mail this application and generation chart in good faith to the above address, have it processed by the membership committee and remit the correct dues. Checks may be made payable to: German-Acadian Coast Historical & Genealogical Society or GACHGS.

I hereby submit my application for membership in the German-Acadian Coast Historical & Genealogical Society, which also includes a subscription to the Society's publication *Les Voyageurs*. I have filled out the attached generation chart included with this application to the best of my ability, knowledge and research (note this chart does not have to be 100% complete, but it is encouraged to put as much verified information as possible). I hereby give permission to the Society to publish such information to further the goals of the society.

 Signature of Applicant

 Today's Date

Please circle the membership plan you are applying for this year: Jan. 1—Dec. 31

Individual: \$20.00/year

Family: \$25.00/year

Library: \$15.00/year

This application is for the current Calendar year; therefore you will receive three issues of *Les Voyageurs*. GACHGS uses a bulk mailing permit; therefore, if you subscribe between issues, you must wait until the next scheduled mailing to receive your quarterly.

| | | | | | |
|--|--|---------------------------------|--|--------------------------|--|
| Full Name: (print or type) | | | | | |
| Spouse Name: (if Family application) | | | | | |
| Home Address: | | | | | |
| City/State/ZIP: | | | | | |
| E m a i l : (Optional) | | Telephone: (Optional) | | Amount Remitted : | |
| The remaining portion is to be completed by the membership committee, DO NOT write below this line. | | | | | |
| Accepted by: | | N u m b e r Assigned: | | | |

(PLEASE TYPE OR USE BLACK INK)

NOTE: ALL MALE ANCESTORS ARE EVEN NUMBERS
ALL FEMALE ANCESTORS ARE ODD NUMBERS

Your Father's Name:

2.

Date Born:

Where Born:

Date Married:

Date Died:

Where Died:

Your Name:

1.

Date Born:

Where Born:

Date Married:

Where Married:

Your Mother's Name:

3.

Date Born:

Where Born:

Date Died:

Where Died:

Name of Your Spouse:

Name of Your Father's Father:

4.

Date Born:

Where Born:

Date Married:

Date Died:

Where Died:

Name of Your Father's Mother:

5.

Date Born:

Where Born:

Date Died:

Where Died:

Name of Your Mother's Father:

6.

Date Born:

Where Born:

Date Married:

Date Died:

Where Died:

Name of Your Mother's Mother:

7.

Date Born:

Where Born:

Date Died:

Where Died:

Name of Your Great Grandfather:

8.

Date Born:

Where Born:

Date Married:

Date Died:

Name of Your Great Grandmother:

9.

Date Born:

Where Born:

Date Died:

Name of Your Great Grandmother:

10.

Date Born:

Where Born:

Date Married:

Date Died:

Name of Your Great Grandmother:

11.

Date Born:

Where Born:

Date Died:

Name of Your Great Grandfather:

12.

Date Born:

Where Born:

Date Married:

Date Died:

Name of Your Great Grandmother:

13.

Date Born:

Where Born:

Date Died:

Name of Your Great Grandfather:

14.

Date Born:

Where Born:

Date Married:

Date Died:

Name of Your Great Grandmother:

15.

Date Born:

Where Born:

Date Died:

| | | | |
|---|--|--|--|
| Name of Your G-Great Grandfather: 16. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 17. Date Born: _____ Where Born: _____ Date Died: _____ | Brothers and Sisters of Applicant: (a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ (g) _____ (h) _____ (i) _____ (j) _____ | |
| Name of Your G-Great Grandfather: 18. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 19. Date Born: _____ Where Born: _____ Date Died: _____ | | Sons and Daughters of Applicant: (a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ (g) _____ (h) _____ |
| Name of Your G-Great Grandfather: 20. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 21. Date Born: _____ Where Born: _____ Date Died: _____ | | |
| Name of Your G-Great Grandfather: 22. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 23. Date Born: _____ Where Born: _____ Date Died: _____ | | |
| Name of Your G-Great Grandfather: 24. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 25. Date Born: _____ Where Born: _____ Date Died: _____ | | |
| Name of Your G-Great Grandfather: 26. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 27. Date Born: _____ Where Born: _____ Date Died: _____ | | |
| Name of Your G-Great Grandfather: 28. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 29. Date Born: _____ Where Born: _____ Date Died: _____ | | |
| Name of Your G-Great Grandfather: 30. Date Born: _____ Where Born: _____ Date Married: _____ Date Died: _____ | Name of Your G-Great Grandmother: 31. Date Born: _____ Where Born: _____ Date Died: _____ | | |

Applicant's Military Record, if any:

Place of Enlistment: _____

Date of Enlistment: _____

Branch of Service: _____

Rank or Grade: _____

Place of Discharge: _____

Date of Discharge: _____

Military Service Number: _____

Rank at Date of Discharge: _____

OPTIONAL

If you would like to have the surnames you are researching or your genealogical or historical topic of interest published, along with your address and/or email on the GACHGS website, please complete this form. This is completely optional. If your dues are not paid, and you do not renew membership, this information will be removed automatically from our website. If you choose to renew your membership and you decide you'd like to remove this information from the Internet or you would

like to alter your information, please print this form again and mail to:
 GACHGS, P. O. Box 3086, LaPlace, LA 70069. Please allow 1-2 months to have this information updated.

1. Membership Number: _____ (THIS NUMBER WILL BE ASSIGNED TO YOU)

2. Name: _____

3. Home Address: _____

4. City/State/ZIP: _____

5. (OPTIONAL) Email: _____

6. You must complete one of the below or both:

| | |
|---|-----|
| Historical/Genealogical Research Topic of Interest: | |
| | |
| Surnames being researched: (you can list between 1 and 16 surnames only) | |
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
| 13. | 14. |
| 15. | 16. |

Please check whichever applies.

I give permission to publish the information on page 4 of this application on the GACHGS website. I understand the above rules.

I currently have information on the GACHGS website at this time; I would like to remove this information from the GACHGS website.

 Signature

 Date