



www.gscca.net

MEMBERSHIP APPLICATION: NEW OR RENEWAL

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Membership:  
INDIVIDUAL (\$15) \_\_\_\_\_  
FAMILY (\$20) \_\_\_\_\_

Please make check payable to:  
GSCCA  
P.O. Box 844  
Jonesboro, AR, 72403

As a Member of Genealogy Society of Craighead County, Arkansas, I agree that:

- (1) Whenever possible I will assist in locating and preserving public and private records and in making such records available to members of this society and to the general public.
- (2) I will support the programs and policies of the society.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

SURNAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership questions: Debbie Powers: 870-236-7481 or [gravedgr@grnco.net](mailto:gravedgr@grnco.net)

(FOR SOCIETY USE) Date Received \_\_\_\_\_ Check Number \_\_\_\_\_

Amount \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

Member dates: \_\_\_\_\_ to \_\_\_\_\_

