

MEMBERSHIP APPLICATION: NEW or RENEWAL 2016

Genealogy Society of Craighead County Arkansas

P. O. Box 844, Jonesboro, AR 72403

gscca.net

Name(s) _____

Street Address _____

City, State, Zip _____

Phone(s) _____

E-mail _____ Fax _____

Membership:
INDIVIDUAL (\$15) _____
FAMILY (\$20) _____
SPONSOR (\$35) _____

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: _____

(FOR SOCIETY USE) Date Received _____ Check Number _____

Amount _____ Receipt Number _____

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