



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: Dorothy McCarns: 870-761-1097 or dlmccarns@sbcglobal.net

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

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

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

