

**GENEALOGICAL SOCIETY OF DAVIDSON COUNTY
NEW MEMBER ENROLLMENT OR
MEMBERSHIP RENEWAL FORM**

Name(s)

Street or P.O. Box

City

State

Zip

() - _____
Phone # (Home/Work/Cell)

() - _____
Phone # (Home/Work/Cell)

Email Address (For our use only)

TYPE OF MEMBERSHIP

Life Membership (individuals only)	\$200.00
Sustaining Membership	\$ 55.00
Individual Membership	\$ 20.00
Institution or Business Membership	\$ 20.00
Family Membership	\$ 20.00 + (x \$5) = _____

(Additional immediate family members are \$5.00 each)
(Only one(1) Journal will be mailed to one address)

**Please make check payable to:
GENEALOGICAL SOCIETY OF DAVIDSON COUNTY
Mail to:
P.O. Box 1665
Lexington, NC 27293-1665**

Enclosed is my check for \$ _____

New Members please give surnames you are researching.

