Genealogical Society of South Brevard

2009 MEMBERSHIP APPLICATION

Date _____

Membership is open to all. A membership fee of $20.00 is required at time of application. The membership fee is included in the GSSB Basic Genealogy class. This annual fee covers two persons in the same household or at the same mailing address.

__ **New** **or** __ **Renewal**

Member No. 1

Last Name _____

First & Middle Names _____

Maiden Name (*if applicable*) _____

Member No. 2

Last Name _____

First & Middle Names _____

Maiden Name (*if applicable*) _____

Street Address _____ **Apt./Unit #** _____

City/Town _____ **State** ____ **Zip Code** _____ — _____

Telephone Number (_____)_____

Email Address _____

To enroll by mail, send application along with Membership fee to:

Membership Chair, GSSB
Post Office Box 786
Melbourne, FL 32902-0786

Check should be made out to GSSB. To receive a membership card by mail, please enclose a stamped, self-addressed envelope with your payment.

Payment summary: $ 20 2009 Membership fee

\+ $_____ Optional tax-deductible contribution to the GSSB Library Development Fund

= $_____ Total payment

Please include in the GSSB Membership Directory (initial your choices):

_____My name _____ My phone number

_____My mailing address _____My email address

I want to receive electronically: _____ **GSSB notices** _____ **Newsletters**

_____

Signature