

CRAWFORD COUNTY HISTORICAL &
GENEALOGICAL SOCIETY MEMBERSHIP FORM
2017-2018



Dues for annual membership are \$15. for a single member, one vote; \$20. for a family, two votes; \$25. for an organization, two votes. Voting members' names must be included. Please include the name of the organization if applicable. All dues payable by July 1st. Membership includes a subscription to the CCHGS Newsletter published quarterly.

Mail this form with dues to:
CCHGS
Sharon Morris, Treasurer
P.O. Box 162
Leavenworth, IN. 47137

-----New Member -----Renewal

First Name(s) _____ MI _____ Last Name _____
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Name of Organization _____

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City _____ State _____

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Permission to publish name YES _____ NO _____

Thanks for your interest in joining the CCHGS.