

Western Massachusetts Genealogical Society, Inc.

**Application for Membership**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last) (First) (M.I.) (Maiden)

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_** *or* **CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_**

# EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information is never shared without consent.

**MEMBERSHIP TYPE:** (Membership fees are listed below. Please select one.) *Annual dues period is from September 1 to August 31.*

❏ **Single, $30** *or* ❏ **Couples (household), $45**

*or* ❏ **Student, $15** *or* ❏ **Lifetime, $500**

**SELECT ONE:** ❏ Renewal *or* ❏ New Membership

Please consider making an additional donation of $500\_\_\_ $250\_\_ $100\_\_\_$50\_\_

$25\_\_\_\_ $10\_\_\_Other Amount$\_\_\_ (WMGS is a 501(c)3 non-profit organization)

Please make checks payable to **Western Massachusetts Genealogical Society, Inc.**

or go to **www.westmassgen.com** and pay by PayPal at the Join/Renew tab. (You do not need a PayPal account to use this feature.)

Mail the application (and payment if using a check) to us at:

**P.O. Box 418, West Springfield, MA 01090-0418**

*You may also join in person at a meeting using cash or a check.*

**New members must submit an application via mail or in person, even when using PayPal, so we may have all information necessary for the WMGS membership list.**

**For Office Use Only: Revised: 1/2019**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: $\_\_\_\_\_\_\_\_\_ or Check #: \_\_\_\_\_\_\_\_\_or PayPal:\_\_\_\_\_\_\_\_\_**

**Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_ Added to Membership List: \_\_\_\_\_\_\_\_\_ Members Only List:\_\_\_\_\_\_\_\_\_**

**Welcome Letter: \_\_\_\_\_\_\_\_\_ Card \_\_\_\_\_\_\_\_\_ Name Tag \_\_\_\_\_\_\_\_\_\_ Newsletter \_\_\_\_\_\_\_\_\_\_**