



Downstate Delaware
Genealogical Society
P. O. Box 1787

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www.facebook.com/DownstateDelawareGenealogicalSociety

MEMBERSHIP APPLICATION

(January 1 – December 31)

___New___Renewal

Individual Membership – *Newsletter by Email* \$12.00

Individual Membership – *Newsletter by Postal Mail* \$20.00

Family Membership – *Newsletter by Email* \$18.00

Family Membership – *Newsletter by Postal Mail* \$26.00

Note: For Family Membership, all must live at same address

Additional Amount – *Donation* \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Please complete application and mail to address in above letterhead, together with check made payable to "DDGS."

Mark to the attention of Membership Chairperson.

(Please Print)

NAME _____

Address _____

City _____ State _____ 9-Digit ZIP CODE _____

Phone (Home) _____ (Cell) _____

Email: _____ @ _____

I consent to having my Name, Address, Phone Numbers, and Email Address included in the annual Membership Directory to be distributed to other DDGS members. (Circle One) YES NO

Surnames I am researching:

If requesting FAMILY MEMBERSHIP, please list additional people included in this family membership:

OFFICE USE ONLY

Date Rec'd. _____ Amt. Rec'd. _____ Cash _____ Check # _____