

Allen County Genealogical Society of Indiana
P. O. Box 12003
Fort Wayne, IN 46862



Membership Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone: _____

Select your membership category:

_____	Individual	(\$15)
_____	Family	(\$18)
Family memberships can only be mailed to one address. Please list the names of all family members below:		

\$_____	Donation to support the work of the society
---------	--

Return this membership application with remittance to the address at the top of this form.

To receive a membership card, enclose a self-addressed, stamped envelope.