

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



**Membership Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**\$ 25 Annual Membership**

Membership can include others living in the same household.  
Please list the names of other family members seeking  
membership 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.**