

Wisconsin State Genealogical Society Affiliate Application/Renewal Form

The WSGS affiliate membership year runs from January to December. Memberships may be paid for up to two years in advance. For additional information or questions, contact: wsgs@wsgs.org

ANNUAL DUES ARE \$30 per CALENDAR YEAR.
MEMBERSHIP RENEWALS ARE DUE BY JANUARY 31st.

A WSGS affiliate membership is open to all genealogical and historical societies serving Wisconsin residents and includes:

- Print subscription to the WSGS Newsletter
- One vote in society elections
- WSGS member-rate registration for one affiliate member at WSGS conferences
- Inclusion of affiliate events on the WSGS website and within the quarterly newsletter
- One free quarter-page ad per year in the WSGS Newsletter.

Please identify	your membership:	New Affiliate:	Renewing Affiliate:	
Amount enclos	sed: One year dues	@ \$30:	Two year dues @ \$60:	
	Optional WSG	S Capital Fund Donatio	n (tax- deductible contribution):	
Please print, co	mplete, and mail this f	form with a check mad WSGS Member PO Box 510 Madison, WI 537	rship 16	
Name of Society	//Organization:			
Address:				
City, County, Sta	ate, Zip code +4:			
Email address:			Website:	
<u>Office</u>	<u>Name</u>	Email addr	<u>ess</u> <u>Month</u>	/Yr term expires
Office President	Name	Email addr	ess Month	/Yr term expires
	Name	Email addr	ess Month	/Yr term expires
President	Name	Email addr	ess Month	/Yr term expires
President Vice President	Name	Email addr	ess Month	/Yr term expires
President Vice President Secretary	Name	Email addr	<u>Month</u>	/Yr term expires
President Vice President Secretary Treasurer Newsletter	Name	Email addr	ess Month	/Yr term expires
President Vice President Secretary Treasurer Newsletter Editor	Name	Email addr	ess Month	/Yr term expires
President Vice President Secretary Treasurer Newsletter Editor Program Chair	Name	Email addr	ess Month	/Yr term expires
President Vice President Secretary Treasurer Newsletter Editor Program Chair	Name	Email addr		/Yr term expires
President Vice President Secretary Treasurer Newsletter Editor Program Chair Others	Name Check #:	OFFICE USE OF Underpayr		
President Vice President Secretary Treasurer Newsletter Editor Program Chair Others		OFFICE USE OF Underpayr	NLY nent: Overpayment:	