

New Mexico Genealogical Society

Celebrating more than 50 years as a Society
APPLICATION FOR MEMBERSHIP



Renewal for _____ Year(s) New Member

LAST NAME: _____ FIRST: _____

LAST NAME _____ FIRST: _____

Other researcher at this address to be included in membership:

Main Surname(s) /Areas researching (optional): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ E-Mail Address: _____

Personal Genealogy web site: _____

Our membership year is from January through December. However, if you would like to join for more than one year, we can accommodate you. Please show the number of year(s) you wish to pay for and we will give you a break in the cost.

Membership:

One year: \$25 Also Available: Two years: \$45 \$ _____

And if you mail your dues late, please add \$5.00 to your check. This will cover the higher postal rates for any Genealogist journals you may have missed so far this year. The Genealogist is published four times each year and a year-end index of names is included in every December issue. After March 1st add: \$5.00 \$ _____

Contributions: Always welcome!
(NMGS is a 501(c)3 nonprofit organization so your donation qualifies as a tax deduction.) \$ _____

TOTAL ENCLOSED: \$ _____

Volunteer? If you are interested in volunteering, please indicate your interest and we will send you a list of projects you can select from. Some are things you can do from a distance and others require on-site participation. Just let us know of your interest. YES

Queries? If you would like a specific query published in the *New Mexico Genealogist*, please write your query on a sheet of paper and include it with this application. Or you may mail it separately at any time to the attention of the *Genealogist* Editor, P.O. Box 27559, Albuquerque, NM 87125-7559. Another option is to e-mail your query to info@nmgs.org Attn: *Genealogist* Editor. Queries will be published as space permits.

Mail to: **New Mexico Genealogical Society**
P.O. Box 27559, Albuquerque, NM 87125-7559

For NMGS use: Check # _____ Date: _____ Amt: _____

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