



# Montgomery County Chapter Ohio Genealogical Society

<https://mcc-ogs.org/>

## 2024 Membership Form

Complete this form (PRINT CLEARLY) and mail to:

Montgomery County Chapter – Ohio Genealogical Society, P.O. Box 1584, Dayton, OH 45401-1584

Please make checks payable to Montgomery County Chapter OGS

YourName: \_\_\_\_\_

Additional person same address: \_\_\_\_\_

StreetAddress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

\*Email: \_\_\_\_\_ Area Code & Phone: \_\_\_\_\_

New Member: \_\_\_\_\_ Renewing Member: \_\_\_\_\_ Member of Ohio Genealogical Society: \_\_\_\_\_

Check this box if you give permission to share your contact information with the Ohio Genealogical Society.

Membership year is January 1 – December 31. Membership entitles you to the monthly newsletter, membership roster, members only area of chapter's website, and ability to submit an application to one of the chapter's lineage societies. The newsletter is sent monthly by email to all members with a valid email address.

\$ \_\_\_\_\_ **Individual – Email Newsletter** \_\_\_\_\_ \$12.00 per year

Entitles you to the electronic version of our monthly newsletter "Family Tree," access to the member area of the chapter's website, membership roster, surnames included in surname file, member rate at special functions (e.g., seminar) and allows you to apply to the chapter's lineage societies.

\$ \_\_\_\_\_ **Family – Email Newsletter** \_\_\_\_\_ \$15.00 per year

Entitles two members at the same address to all the benefits of an Individual Member above.

\$ \_\_\_\_\_ **Sustaining – Email Newsletter** \_\_\_\_\_ \$25.00 per year

Entitles one or two members at the same address all the benefits of an Individual Member above. We thank you for your additional financial support of our society.

\$ \_\_\_\_\_ TOTAL ENCLOSED (Any amount exceeding the above fees is considered a donation.)

*Unless you request otherwise, the above contact information will be included in the next roster update which is available to members only. This information is not shared with libraries, archives, or other organizations.*

Check this box if you would like to be listed as a Researcher on the Chapter's website. No additional fees.

Please indicate if you are interested in serving on a committee or helping with other projects: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_