2020 Membership Application Form
Montgomery County Chapter OGS
PO Box 1584, Dayton, OH 45401-1584
www.mcc-ogs.org

Please provide all information to ensure that our records are complete:

Name: ____________________________________________ (Last, First, Middle)

For a family membership, list the name(s) of the other member(s): ____________________________ (Last, First, Middle)

Street: ___________________________________________ Phone: (_________) ______________________

City: ____________________________________________ State: _____ ZIP: ______________________ (9 digit ZIP +4)

Email Address: ____________________________________________________________

Are you a member of the Ohio Genealogical Society? Yes _____ No _____

Are you a new member or a renewing member? New Member _____ Renewing Member _____

Membership entitles you to the electronic version of our monthly newsletter Family Tree, the membership roster, access to the member area of the chapter’s website and allows you to apply to one of the chapter’s lineage societies. Payment of an additional $12.00 must be made to receive a printed version of newsletter and roster. All memberships entitle members to member rates at special chapter functions (e.g., seminar).

Indicate the type of membership desired (The membership year is Jan 1st through Dec 31st):
Please make checks payable to MONTGOMERY COUNTY CHAPTER, OGS and mail to PO Box 1584, Dayton, OH 45401. Your canceled check is your receipt.

Electronic Newsletter Memberships

___Individual Membership $12.00

___Family Membership $15.00
(Two or more members in the same household.)

___Sustaining Membership $25.00
(The amount in excess of the dues is a donation.)

Printed Newsletter Memberships (additional $12.00 fee)

___Individual Membership $24.00

___Family Membership $27.00
(One newsletter delivered to one address)

___Sustaining Membership $37.00
(The amount in excess of the dues and fees is a donation.)

Researcher Registration

___Researcher Fee $1.00 (This fee must be paid to be included on the researcher list.)

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.

Please indicate if you are interested in serving on a committee or helping with other project(s): If so, what?

Signature: __________________________________________ Date: _____________________________

Received __________ Check # ________ Cash ________ Amount ______ Membership Card ________ Member # ________