Marshfield Area Genealogy Group MEMBERSHIP FORM 2024-2025

1	Back NewslettersMa	ReceiptMembership (iling ListSurnames/QDate Received \$	uery	Programs	
Na	ime:				
Ma	aiden Name:				
Ad					
	(Street)				
	(City)		(State)	(Zip)	
Ph	one:	E-mail: _		red for digital copy of newsletter)	
	(Area Code) (Number)		(Requ	red for digital copy of newsletter)	
Me		_ Individual (\$12.00/year) _ Family (\$15.00/year) _ Institution (\$20.00/year) _ Mailed copy of newslette	•	•	f form)
Ple	ease answer the following	:			
		ching (PLEASE PRINT C. Use list previously suppl. Add these surnames to the Additional sheet attached	ied iose pre	viously given	
in	upcoming newsletters and	print my surnames & condor our website. The following ethnic backgr		YES □	NO □
-•	•	to following ethine buckgr			
2.	My family history resear	ch includes the following	states:		
3.	_	ties in the Marshfield area		nterest to my family hist	tory

. I am interested on seeing these topics covered in our newsletter <i>Kith & Kin</i> :				
I would like to see the following programs or activities planned:				
I would be willing to share the following Books and Resources: (To be included in our newsletter <i>Kith and Kin</i> (Attach an extra sheet of paper if necessary.)				
7. Do you have any suggestions for guest speakers?				
8. Do you have an area of interest to share with the members:				
Other genealogical and historical societies I am a member of:				
10. Do you currently have your genealogy research in a computer program? Yes No No Yes No Yes No Yes No Yes No Yes Yes Yes No Yes Yes No Yes				
Type Staple Newsletter Help with "Great Things" Help with Cultural Fair Willing to chair a Committee Serve as an Officer Serve on the Board of Directors				
Additional comments or suggestions: (Please indicate number if referring to one of the above items):				

Mail completed form and your check (please no cash) to: Marshfield Area Genealogy Group P.O. Box 142

Marshfield, WI 54449