



Central Florida Genealogical Society, Inc.

Address: P. O. Box 533958, Orlando, FL 32853-3958
Email: cfgs@cfgs.org
Web Site: <http://www.cfgs.org>

Membership Application

Please download, fill out and email the form to cfgs@cfgs.org

Please print. Place an X in the appropriate boxes.

Date _____

Title (Mr., Mrs., Ms, etc.) First Middle Maiden Surname

Spouse's Name _____

Preferred Name for Address Label _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP + 4 _____

Email Address _____

Phone Numbers, With Area Code Home _____ Cell _____

Please do not publish my name and address in the CFGS Membership Directory.

Date of Birth _____ Place of Birth _____
Day Month Year City County State Country

Current or Former Occupation _____

Genealogical Experience _____

Type of Computer PC _____ Mac _____ Other _____

If you use genealogy software, please identify which program. _____

How or where did you hear of this Society? _____

Areas in Which You Are Interested in Participating

- | | | |
|--|---|--|
| <input type="checkbox"/> Future planning | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Computer data entry |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Workshops/Seminars | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Publications | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Welcome table | <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Telephone calling |

Please email cfgs@cfgs.org if you have questions about any of the duties associated with the above.

Signature _____

Type of Membership	<input type="checkbox"/> Individual – Annual	<input type="checkbox"/> *Family – Annual	<input type="checkbox"/> Lifetime
Membership Fees	** \$20	** \$25	Not available at this time

* Two members under one roof ** Due Sept. 1 and prorated for first-time members only

Office Use Only

Date approved _____ Membership # _____