



# Western Massachusetts Genealogical Society, Inc.

## Application for Membership

NAME: \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Contact information is never shared without consent.

**MEMBERSHIP TYPE:** (Membership fees are listed below. Please select one.)

*Annual dues period is from September 1 to August 31.*

**Single, \$30** or  **Couples (household), \$45**

or  **Student, \$15** or  **Lifetime, \$500**

**SELECT ONE:**  Renewal or  New Membership

Please consider making an additional donation of \$500\_\_\_\_ \$250\_\_\_\_ \$100\_\_\_\_ \$50\_\_\_\_

\$25\_\_\_\_ \$10\_\_\_\_ Other Amount\$\_\_\_\_

(WMGS is a 501(c)3 non-profit organization)

Please make checks payable to **Western Massachusetts Genealogical Society, Inc**

or go to **www.westmassgen.com** and pay by PayPal at the Join/Renew tab

(you do not need a PayPal account to use this feature)

Please mail the application (and payment if using a check) to us at

**P.O. Box 418, West Springfield, MA 01090-0418**

**New members must submit an application even when using PayPal**

For Office Use Only:

Revised: 11/2018

Date Received: \_\_\_\_\_ Cash: \$ \_\_\_\_\_ or Check #: \_\_\_\_\_ or PayPal: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Added to Membership List: \_\_\_\_\_ Member's Only: \_\_\_\_\_

Welcome/Surname Letter: \_\_\_\_\_ Card \_\_\_\_\_ Name Tag \_\_\_\_\_