

2016 Memberships Are Now Being Accepted
MEMBERSHIP APPLICATION

Please use this form to send your application (or your renewal) and check to the following address:

**Greenville Chapter SCGS
P. O. Box 16236
Greenville, SC 29606-6236**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Permission to publish this information? (Circle all that apply):

Publish all of the above - Omit Address - Omit Phone No. - Omit E-mail Address

Signature: _____ Date: _____

New: ____ Renewal: ____ (check one)

Membership Type (circle one)
(If pre-paying, please indicate which years)

Individual: ----- **\$ 21.00**

Family: ----- **\$ 26.00**

(you and one other)

You will receive one copy of the chapter's publications and the State's Carolina Herald for Two members at the same address.

Associate: ----- **\$ 15.00**

(must be a primary member of another S. C. chapter to join as an associate)

That chapter pays the State's dues. An associate receives the local chapter publications, but not the Carolina Herald. The Herald is sent to the primary member of the other chapter.

Primary S. C. Chapter name _____ SCGS# _____

Surnames of families you are researching: _____

Permission to publish these Surnames? (Circle one): Yes No _____ (Initial)