

Marshfield Area Genealogy Group

MEMBERSHIP FORM 2020-2021

For MAGG Use Only: Receipt Membership Card Membership Packet E-mail
 Back Newsletters Mailing List Surnames/Query Programs Membership File
 Check # Date Received \$ Amount Received

Name: _____

Maiden Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____ E-mail: _____

(Area Code) (Number)

Membership Dues: Individual (\$12.00/year)
 Family (\$15.00/year)
 Institution (\$12.00/year) (Do not need to complete rest of form)
 Mailed copy of newsletter (\$6.00/year)

Please answer the following:

Major surnames I am researching (PLEASE PRINT CLEARLY)

Use list previously supplied

Add these surnames to those previously given

Additional sheet attached for more surnames

I give MAGG permission to print my surnames & contact information
in upcoming newsletters and/or our website.

YES

NO

1. My research centers on the following ethnic backgrounds: _____

2. My family history research includes the following states:

3. The following communities in the Marshfield area are of interest to my family history
research: _____

4. I am interested on seeing these topics covered in our newsletter *Kith & Kin*: _____

5. I would like to see the following programs or activities planned: _____

6. I would be willing to share the following Books and Resources: (To be included in our newsletter *Kith and Kin* (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: _____

9. Other genealogical and historical societies I am a member of: _____

10. Do you currently have your genealogy research in a computer program? Yes No

What genealogy Software do you have? _____

11. Can you volunteer to: (check all that apply)

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

FREE 50 WORD QUERY TO BE PLACED IN *KITH & KIN* NEWSLETTER: _____

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 337
Marshfield, WI 54449