**Tri-State Genealogical Society**

**Membership Form**

**PLEASE RENEW NOW FOR THE 2025-2026 YEAR.**

**Please complete the form below and return with your check today.**

**First Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip**

* **\_\_\_\_\_\_ I want to become a member of TSGS $20.00**
* **\_\_\_\_\_\_I want to renew my membership in TSGS $20.00**
* **\_\_\_\_\_\_I want to donate to TSGS, a 501 (c) (3) tax exempt,**

**Non-profit organization.**

**Enclosed please find $\_\_\_\_\_\_\_\_\_\_\_**

**Return to: Willard Library, 21 First Avenue, Evansville, IN 47710**

**Membership year is July 1 to June 30**

**[Office use only: Payment received on: Date\_\_\_\_\_\_\_\_\_\_\_Cash or Check #\_\_\_\_\_\_\_\_\_]**