

**GENEALOGY CLUB OF MONTGOMERY COUNTY CORP
MEMBERSHIP APPLICATION**



___ New or ___ Renewal

___ Individual \$10/yr

___ Family \$25/yr

___ Institutional \$15/yr

___ Business \$50/yr

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Family/Families you are researching:

At this time we wish to donate \$ _____ toward the cemetery restoration project.

Total amount enclosed \$ _____

Mail application to:

**Genealogy Club of Montgomery County Indiana Corp.
205 South Washington Street
Crawfordsville, IN 47933**