



Larimer County Genealogical Society

Research · Learning · Fellowship

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2021 Membership Information Form

Name _____ Date _____

Address _____ Phone _____

City State Zip+4 New _____ Renewal _____

E-Mail _____

Individual \$20 _____ Individual Lifetime \$200 _____ Family \$30 _____ Family Lifetime \$300 _____

If joining in July, half price or joining in October or later, you will get the next year free!

Our bi-monthly newsletter will be sent to you electronically as an e-mail PDF file.

Years Experience _____ Which Genealogy Software or Online Tree _____

I would be willing to help my society. Please choose one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Design / Print Brochures |
| <input type="checkbox"/> Help or Teach Workshop / Class | <input type="checkbox"/> Education Planning |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Archiving |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Refreshments |
| <input type="checkbox"/> Research at Library / Courthouse / Online | <input type="checkbox"/> Mentor Research Help at Library |
| <input type="checkbox"/> Program Presenters | <input type="checkbox"/> Website Help |
| <input type="checkbox"/> Write Article or Book Review for Society | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Board member / Administration | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Finance or Audit Committee | <input type="checkbox"/> Donation of \$ _____ |

Please list your past skills or career below such as mgmt., acctg, bookkeeping, mktg, teacher, webmaster

Please make your check payable to **Larimer County Genealogical Society**. Mail this completed form and payment **by January 31, 2021** to:

Larimer County Genealogical Society
P.O. Box 270737
Fort Collins, CO 80527-0737

Or renew and pay online at <https://www.lcgsc.org/membership/membership-application>.

Corresponding Secretary/Membership/Treasurer Use Only

Updated 11/1/2020

Date _____ Rec'd By _____ Amt. _____ Check # _____ Membership Year _____