

**Membership Application
Or
Renewal Form**

Member(s) _____

Street Address _____

City _____ State _____ ZIP _____

Preferred contact Phone _____ other number _____

Home Email _____

Membership level Basic 25.00 Sponsor 85.00 Patron 125.00

Membership paid: cash ____ check ____

Newsletter emailed or mailed Lexicon emailed or mailed Please **circle** your choice

A membership year is a 12 month period at a single address. . Benefits include Free use of the JCGS Library with Subscription Internet Sites plus our Lexicon & Newsletter and nine monthly meetings.

Signature _____ Date _____

The Jackson County Genealogical Society is incorporated and registered as a non-profit organization in the State of Michigan with tax exempt status under IRS Section 501(C)(3) of the U S Internal Revenue Code. Established in 1977 .

Contact Information

Library Address:
211 W Ganson Street
Suite 170
Jackson MI 49201

Mailing Address:
P O Box 188
Jackson MI 49204

Library phone 517-768-9266
Email: jcgs.library@gmail.com