



THE GENEALOGICAL SOCIETY OF SANTA CRUZ COUNTY

MEMBERSHIP APPLICATION/RENEWAL FORM

Please make checks payable to **The GSSCC** and mail with this form to: **GSSCC, PO Box 72, Santa Cruz, CA 95063-0072**. You may also leave it with a volunteer staff member in the Genealogy Room at the Santa Cruz Central Library. Thank you.

Check One:

Renewal \$20 Add family member \$10 New member \$20 New Life Member \$250
 Current Life Member Renewal with no change of address, email or phone number

After January 1st, the membership fee is \$10 through June 30th **for new members only** and \$5 for a **new family member**.

Please print all entries (all capital letters)

Name: _____

Additional Family Member (at same address): _____

Address: _____

City: _____ State: _____ Zip: _____ - _____ (9 digit Zip code please)

Telephone: (_____) _____ - _____

Email: _____

I also wish to donate to the Genealogical Society of Santa Cruz County \$ _____

If you have a particular use you want the Board of Directors to consider regarding this donation, please indicate that here: _____

Date: _____ Total Amount Enclosed \$ _____

PRIVACY POLICY: The GSSCC does not sell or share your membership information with any other organization. Your contact information will appear in the Society's Membership Roster provided to the GSSCC membership only; please do not include information on this form that is sensitive or private in nature.

If you prefer to NOT have your contact information included in the Society's Membership Roster, please indicate here .

If you prefer NOT to receive the Society's newsletter by mail (i.e., you would rather read it online), please indicate here .

FOR OFFICE USE ONLY: *Route as follows. Initial and date*

1. Treasurer _____

2. Membership Chair _____

3. Corr. Secretary _____

4 Office Membership File _____