

THE GENEALOGICAL SOCIETY OF SANTA CRUZ COUNTY



MEMBERSHIP APPLICATION/RENEWAL FORM

Rate Revision July 1, 2025

Please make checks payable to the GSSCC and mail with this form to **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 Public Libraries, Downtown Branch. Thank you.

Yearly Costs, Check One:

Membership \$30 Add family member \$10 Age 75+ \$25
 Life Membership \$300 Donation, change to detail or comments

Our fiscal year runs from July 1st to June 30th. If you are joining us part way through our fiscal year the rates will be adjusted as follows: July 1st to December 31st rate above, January 1st till March 31st Membership \$15, family member \$5, April 1st till June 30th, full rate will apply and you will be bridged for the remainder of the current year and for the full next year.

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 \$ _____

Any comments: _____

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 [].

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

1. Treasurer _____

2. Membership Chair _____