

# ST. TAMMANY GENEALOGICAL SOCIETY

P.O. Box 1904  
Covington, LA 70434-1904

<http://www.StTammanyGS.org>

Phone: (985) 892-6561 (Martha I. Dutsch, President)

(985) 845-4688 (Robert B. Noles, 1st Vice President)

## MEMBERSHIP APPLICATION, RENEWAL, DONATIONS & GUEST FORM

In order to maintain accurate membership records, we ask all new and current members to complete a new Membership Application Form once a year, when applying for membership or renewing their membership for another year.

NEW MEMBER       RENEWAL       DONATION       GUEST

Membership & dues are per Calendar Year (January 1st thru December 31st)

Please indicate the CLASS of membership

Individual (\$20.00)       Family (\$25.00)       Life (per schedule)       Student (\$5.00)  
 Library (\$45.00)       Business (\$60.00)       Donation \_\_\_\_\_

Please make dues check payable to: **St. Tammany Genealogical Society** & mail to address above (your cancelled check is your receipt)

(PLEASE PRINT or TYPE)

Name(s): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ DOB\*\*: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
E-Mail\*: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date of application: \_\_\_\_\_

\* I agree that the STGS may use my email address for Society communications;      \*\* DOB is optional

**Names (families) being researched (including dates & locations) (add comments on back)**

	Surname	First & Middle	DOB	Location	DOD	Location
1						
2						
3						
4						

**Volunteers are essential for the success of the Society**

I am interested in helping in one or more of the following areas

Newsletters or other publications       Officer position \_\_\_\_\_  
 Membership recruiting       Genealogy training (Instructor) \_\_\_\_\_  
 Research field trips      \_\_\_\_\_  
 Reference room at Covington Library      \_\_\_\_\_

**FOR STGS use ONLY**

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_  
Amt. Received: \_\_\_\_\_ Remarks \_\_\_\_\_  
Membership Period: \_\_\_\_\_ Treasurer: \_\_\_\_\_

