

# CSHG Membership Form

Print this page and mail the completed form with your check to

## Colorado Society of Hispanic Genealogy

2300 South Patton Court

Denver, CO 80219

Membership from January 1 to December 31      Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Search information: (On the back of this form, include full names; birth, marriage, and death dates; and locations of people you are researching)

Select one of the following:

Membership Type	Price	Membership Type	Price
Individual/Libraries/Institutions	\$25	Family	\$30
Seniors (60+) / Students	\$22	Senior Citizen Family	\$27
Associate/Supporting	\$25		

I give permission for CSHG to publish my: (check all that apply)

Name    Address    Phone    E-mail Address

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I conduct research at: (Name of Library, Location of LDS, online, etc.)

\_\_\_\_\_

I would like to volunteer: (Circle all that apply)

Archives	Computer Input	Extractions	Journal	Fund Raising
Mailing	Web Site	Conference	Sales	Programs
Refreshments	Reference Library	Public Relations	Social Events	Genealogy Research

Yes, I can help! Attached is my tax-deductible contribution:

\_\_ \$5 \_\_ \$20 \_\_ \$50 \_\_ \$100 \_\_ \$500 \_\_ Other

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