

CSHG Membership Form

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

Membership Chair
Colorado Society of Hispanic Genealogy
 2300 South Patton Court
 Denver, CO 80219-5212

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)

Check **one** of the following:

- Individual/Libraries/Institutiubs \$20
- Family \$25
- Seniors (60+) / Students \$17
- Senior Citizen Family \$22
- Associate/Supporting \$20

Make check payable to CSHG.

CHECK NO. _____

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

Name Address Phone E-mail Address

Signature _____ Date: _____

Where do you do your research? (Name of Library, Location of LDS, online, etc.)

I would like to volunteer: (Circle where appropriate)

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

Yes, I can help! Attached is my tax-deductible contribution: __ \$5 __ \$20 __ \$50 __ \$100 __ \$500 __ Other

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