

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: _____

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:

- | | | | |
|--|------|--|------|
| <input type="checkbox"/> Individual/Libraries/Institutions | \$20 | <input type="checkbox"/> Family | \$25 |
| <input type="checkbox"/> Seniors (60+) / Students | \$17 | <input type="checkbox"/> Senior Citizen Family | \$22 |
| <input type="checkbox"/> Associate/Supporting | \$20 | | |

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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