Membership Application

Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Are you on Facebook? YES ☐ NO ☐

Facebook ID ☐

Is this a change of information YES ☐ NO ☐

Email State News Letter? YES ☐ NO ☐

Email ACGS News Letter? YES ☐ NO ☐

SCGS # ☐

Surnames being researched:

Please list below the Family Surnames of those you are researching. Please include full names, known dates, and areas in Anderson and surrounding counties. *Use the back of this form if you need more space to add a surname.*

Surname, Given	Locations (City or County)	Dates

☐ **New Member** ☐ **Renewal**

☐ **ASSOCIATE** - $15.00 - I am a primary member of another SCGS Chapter.
SCGS Chapter _____ SCGS Member # _____

☐ **INDIVIDUAL** - $25.00 - Membership for one person.

☐ **FAMILY** - $30.00 - Membership for 2 people, within the same household.
Name of 2nd person: _____

☐ **Donation -** _____

☐ Cash ☐ Check Check # _____ Amount $ _____

Make checks payable to: ***ACGS***

Mail to: *ACC, SCGS, 110 Federal St, Anderson, South Carolina 29625*

Revised 2023_11_06