

Capital District Genealogical Society Individual/Family Membership Application/Renewal Form

I would like to:

- Join CDGS (new member) Renew my CDGS Membership Rejoin CDGS (former member)
- Purchasing a gift membership (put recipients name and information below with your name after theirs
We need your name so we can match payment to the appropriate gift membership.
- I am also making a \$ _____ donation.

Name: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____

State: _____ Zip Code: _____

Email*: _____

Home Phone: _____

Mobile Phone: _____

Dual Address? If you have different addresses and change on a seasonal basis, no need to notify us. Enter both addresses. We will send your mailing to both addresses.

To help us with Programs, please tell us if there is a particular topic you would like to see):

If you are interested in participating in one of the CDGS committees or Board, check the appropriate box(es):

- Membership Volunteer at State Library Publicity Program Hospitality Board Member

AMOUNT: Annually \$15 (cash/check) or \$16 (PayPal/Credit Card) through 2021.

Effective for the year 2022 dues are \$25 (cash/check)/\$27 (PayPal/Credit Card)

PAYMENT METHODS

- Cash Check Please record your check #
- PayPal (send to contactcdgs@cdgsny.org)

Please complete this form & return to: CDGS, PO Box 2175, Empire State Plaza Station, Albany, NY 12220-0175

***PRIVACY DISCLAIMER** – The collection of these details is primarily so that we can register you as a member of CDGS. This information will be stored in the CDGS database and is used only for mailing of Newsletters, Renewal and notification of Zoom meetings. We publish names and hometown of new members in our newsletter. **If you do not wish those details to be made available, please check this box []**. If you do not check the box, then CDGS will consider that the individuals completing this form consent to their name and hometown being used in the manner indicated. Under no circumstances will your information be used by CDGS for solicitations other than membership and mailing of CDGS information such as notification of Zoom presentations. Please advise us if you receive any such solicitation.

For CDGS use only:

Payment received on _____

Amount of Payment: \$ _____ Payment is for Membership Only

Check # _____ Cash _____ Paypal _____

Credit Card in Person _____

Number of Years Paid _____ Amount of Donation, if any \$ _____