

Date: _____



Membership Application

Membership type: Individual \$25 Household of two \$35
 Under age 25, free (ID required)
(membership year is Sept – Aug)

Under age 25, free

birthdate: _____

New Member Renewing Member

Individual or 1st member contact information:

Name: _____

information has not changed I would like to share my skills and talents with the society

email: _____ phone: (____) _____

address: _____
street

city, state, zip

For household members, 2nd member contact information:

Name: _____

information has not changed I would like to share my skills and talents with the society

email: _____ phone: (____) _____

Submit your application by:
email: membership@vbgsva.net
mail: Virginia Beach Genealogical Society
P.O. Box 62901, Virginia Beach VA 23466-2901

checks are made out to Virginia Beach Genealogical Society

For Treasurer use:

Check #: _____

Amount: _____

Cash: _____

Date Rec'd: _____