

**Defiance County Chapter of the Ohio Genealogical Society
Membership Form**

Please print or type and send with check made payable to **DCGS**.

Send to: Defiance County Chapter OGS, P. O. Box 7006, Defiance, Oh 43512-7006

Membership year is January 1 through December 31, annual \$12.00 per person, \$15.00 for family. If you need to update your 5 generation charts, please sign and date with permission to publish for the newsletter and to file at Defiance Public Library Ohioana Room.

First Name _____ Last Name _____

Maiden Name _____ Spouse name _____

Address _____ City _____ State _____

Zip code _____ - _____ Phone # (_____) _____ - _____

E-mail address _____

Occupation/Former Occupation (optional) _____ Birthdate _____

New Member ___ Renewal ___ Single ___ OR Family ___ OR Gift ___

(If gift membership, write name and address of person on back of this form)

Donation to DCGS for \$ _____ Specified Intention (please name) _____

**Would you prefer your newsletter (circle one) snail mail/USPS or e-mail Due increased print/postage costs, please add \$5.00 to your membership fee for snail mail

Member of First Families of Defiance County, Yes ___ No ___ OGS Member? Yes ___ No ___
Your Surnames in Defiance County

Program
Suggestions? _____

What services/support would you be willing to help DCGS with? (Circle all that apply)
Officer/Trustee Committee Computer data entry Transcribing records Proof reading Meeting Greeter Setting up displays Indexing Telephone/calling ___ Fundraising Hospitality 1st Families Centennial Families Speaker/Program Education/Teaching Other Comments ___ (write on back, please)

I do ___ do not ___ give permission to have my information printed in any handouts, newsletters, or publications.

Office use only: Date Pd. _____ Ck. # _____ Cash ___ Membership # _____ Card sent _____
updated: 2015