

Kane County Genealogical Society Membership Enrollment

Section I

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Section II

All persons are asked to submit upto 6 surnames which will be distributed to all KCGS members.

Entry No	Surname
1	
2	
3	
4	
5	
6	

Section III

Inclusion in the KCGS membership list

I do do not give permission to KCGS to publish my name, address, phone number, e-mail address, and/or surnames in a membership listing published and distributed seperately from the quarterly newsletter.

Please note: It is the policy of the KCGS to not include information from unsigned member forms on the printed membership lists.

Signature _____

Send completed form and payment to:

Kane County Genealogical Society

P.O. Box 504

Geneva, IL 60134

Attn: Membership

Membership (circle one)

E-mail Distribution \$20.00

Standard Mail Distribution \$25.00

(website: 01/2009)