

# Western New York Genealogical Society, Inc. Membership Renewal Form

<b>For Registrar Use Only</b>	
Member # _____	Date _____
Check # _____	\$ _____
Report # _____	Volume _____

The March issue (March 2017) will be the last issue of your current membership.  
Renew now for the period **1 May 2017** through **30 April 2018**.

Date: \_\_\_\_\_

### TYPE OF MEMBERSHIP:

<b>Before 15 May 2017</b>	Individual	\$20.00	\$
	Family	\$25.00	
	Societies & Libraries	\$22.00	
<b>After 15 May 2017</b>	Individual	\$22.00	\$
	Family	\$27.00	
	Societies & Libraries	\$22.00	
<b>Life Membership</b> May be paid over course of one year. Please indicate your payment preference. <i>(For foreign life memberships, please email registrar@wnygs.org or write to Registrar.)</i>	Individual	\$350.00	\$
	Family	\$500.00	
			<input type="checkbox"/> One Time Payment <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____



### CONTRIBUTIONS:

Would you care to make a tax-deductible donation?

<b>Unrestricted Donation</b>	\$ _____
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**Total Amount Due In U.S. Funds:** \$ \_\_\_\_\_

*(CANADIAN & FOREIGN: Payment in U.S. funds on a U.S. bank, or a Canadian postal money order. Our bank charges a fee for Canadian bank checks or money orders even if they are in U.S. funds.)*

### MEMBER INFORMATION:

Mr.  Miss  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_  
*(For Family Memberships, please list the names of all participating individuals in the household.)*

Maiden Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

*Full zip code is necessary for mailing of the JOURNAL.*

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Which format of JOURNAL do you want?** *(Please choose one.)*

Electronic (PDF delivered via e-mail)  Paper (delivered via USPS Bulk Mail)

**Will you be in need of a new membership card?**

No  Yes *(Please remember to include a SASE with your form and payment.)*

Please return the completed renewal form (in its entirety) and payment to:  
**Sandi Russo, WNYGS - Registrar, 1100 Stony Point Rd., Grand Island, NY 14072**

*Please make checks payable to "WNYGS" and include your **member number** on your check.*