

Western New York Genealogical Society, Inc. Membership Renewal Form

For Registrar Use Only	
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:

Before 15 May 2017	Individual	\$20.00	\$
	Family	\$25.00	
	Societies & Libraries	\$22.00	
After 15 May 2017	Individual	\$22.00	\$
	Family	\$27.00	
	Societies & Libraries	\$22.00	
Life Membership 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?

Unrestricted Donation	\$ _____
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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.*