

JGSLA Membership Application / Renewal

January 1 – December 31

Please download, complete the form on your computer & print, OR print & complete the form.
Mail it with your check to:

JGSLA Membership Vice President
P.O. Box 55443
Sherman Oaks, CA 91413-0443

Select Membership Category

Individual \$25_____ Family (same household) \$30 _____ \$ _____

Please make additional donations to:

The JGSLA Library Fund \$ _____

The JGSLA General Fund \$ _____

The Stern Grant:
An IAJGS award granted yearly to worthy genealogy projects \$ _____

Total amount remitted: (if you print & fill write the amount on the left of the \$0.00) \$ _____

Date: _____

Name(s): _____

Mailing Address, including Zip Code + 4

Phone: _____

Email: _____

Please List any talents that you have to share (language, writing, computer skills, etc.)

JGSLA Only: Cash	Check	Credit Card
------------------	-------	-------------