

JGSLA Membership Application / Renewal

January 1 - December 31

Please print this page, complete the form, and 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: \$ _____

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.)

