

FLATHEAD VALLEY GENEALOGICAL SOCIETY MEMBERSHIP APPLICATION



Membership Type

New Renewal

Please Print

Last Name First Name Middle Male Female

Address Line 1

Address Line 2

City State Zip Code

Phone Number: Home Mobile Work

Email: _____

The Society has my permission to share my information with other members of the Society:

Yes _____ No _____

Annual Membership Fee- \$10.0

Membership Fee After June - \$5.00

Check Number: _____ Amount \$: _____

(Make checks payable to **FVGS**)

Cash: Amount \$: _____

Surnames of Interest: _____

Research Expertise and/or Interests:

Official Use Only

Date:

Amount Paid: