

PARADISE GENEALOGICAL SOCIETY

Membership Application

Renewal Form - Please complete and detach the form below and return with your payment.

PLEASE PRINT

Name: _____
Name of spouse (if appl.): _____
Street (if changed): _____
City: _____
State & 9-digit zip: _____
Phone: _____
E-mail/Web page address: _____

Make checks payable to: (please do not send cash)

**Paradise Genealogical Society, Inc
P.O. Box 460
Paradise, CA 95967-0460**

I'd be willing to volunteer to _____

TYPE OF MEMBERSHIP

Student (under 20) _____ \$ **15.00**
Individual _____ \$ **30.00**
Family (same residence) _____ \$ **35.00**
Gold Miner (Ind. or Fam.) _____ \$ **50.00**
Gold Miner Plus (I or F) _____ \$ **75.00**
Life (Indiv. 50 or over) _____ \$ **350.00**
Add spouse to Life membership ___ \$ **100.00**
Additional donation _____ \$ _____
Total amount submitted _____ \$ _____

Membership amounts are for 12 months, except "Life".

New [] Renewal [] Correction []