

MOUNT VERNON GENEALOGICAL SOCIETY
2008 MEMBERSHIP YEAR: January 1-December 31, 2008

Name: _____

Age 55 or over* (Y)___, (N)___ *Required for Fairfax County Residents

Maiden Name, if female member: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____

E-mail Address: _____

Membership Dues:

Individual (\$20.00)___ Family (\$25.00)___

New Membership ___ Renewal Membership ___

I would like to donate to the Research Center or the General Fund. All money donated will be used to purchase materials for the designated committee. Purchases may include books, computer CD's, equipment, etc.

Dues (either \$20 or \$25) \$_____

I will donate to the Research Center \$_____

I will donate to the General Fund \$_____

Total amount of check (including dues and donations) \$_____

In any roster that is distributed to the MVGS membership, please delete the following information for my name:

___ Address ___ Phone Number ___ E-mail Address

SIGNATURE

DATE

Please make the check payable to: Mount Vernon Genealogical Society.
Either bring it to the meeting or mail this form to:

Mount Vernon Genealogical Society
Attn: Carl Lee
Hollin Hall Senior Center
1500 Shenandoah Rd.
Alexandria, VA 22308