

**Savannah Area Genealogical Association  
Membership Application**

Mr./Mrs./Ms. \_\_\_\_\_  
Last Name First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

List Families You Are Researching: \_\_\_\_\_

\_\_\_\_\_

Dues:

First Year	\$ 25.00
Renewal	\$ 20.00
Spouse/Child	\$ 5.00
Lifetime	\$150.00

Amount Enclosed: \$ \_\_\_\_\_

Mail completed application and dues to:

Savannah Area Genealogical Association  
PO Box 15385  
Savannah, GA 31416