

West Houston Area Genealogy Society (WHAGS)

PO Box 842661, Houston, TX 77284

www.whags.org

Helping to find your roots

Membership Application

Please print clearly

Membership: New _____ Renewal _____ Date _____

First Name _____ Last Name _____ Preferred name on badge _____

Address _____ City _____ State _____ Zip _____

Phone #s: Mobile _____ Home _____ Work _____

Email: _____ If this is a family membership, list other family member's full names: _____

Surnames you're researching: _____

Who referred you, or how did you learn about us? Be specific so we can track how our publicity is working: _____

Yes, I grant WHAGS permission to 1) share my contact information and the surnames I research with other members through email distribution and by posting on the website in a Members Only section and 2) send me society emails. _____ (Initial) No, I do not grant permission for sharing my information with fellow WHAGS members. _____ (Initial)

The Society needs your participation – Check the team(s) where you would like to help:

Fin. auditing Hospitality Membership Nominating Telephone Welcoming
 Facebook Library Mentor newbies Programs Trips Communications
 Finance Master Files Newsletter Publicity Website Technology
 Other (Specify) (I can help with, e.g., translation, presenting, etc.) _____

Payment – Fill in the blanks that apply:

Your dues pay for presenters, special events, postage, and other costs incurred by WHAGS. Our dues year is from June 1st to the following May 31st.

Single membership...\$20 }
Family membership...\$30 } \$ _____

As a 501 (c)(3) organization, any monetary contributions to the Society in excess of annual dues are appreciated. Donors will be recognized on the Membership List, on name badges, and other ways as directed by the Board. Receipts will be provided for donations.

Donation:
Contributor... \$20 but less than \$50 }
Benefactor... \$50 but less than \$100 }
Patron..... \$100 or more } \$ _____

Make checks payable to: WHAGS. Mail this form and your check to the address above or submit at the first meeting of our new membership year the 3rd Saturday in September.

Cash amount \$ _____ or Check # _____ Date _____ TOTAL \$ _____

We are delighted to have you as a new or returning member! We look forward to sharing the benefits of being a WHAGS member with you!

If your information changes during the year, please notify the Membership Chair