

West Houston Area Genealogy Society (WHAGS)

Helping to find your roots

P.O. Box 842661, Houston, TX 77284-2661

For the latest updates throughout the year, visit our website at www.whags.org

Membership Application

Please enter information, save the file, and send to ??

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:

By joining WHAGS you grant permission to share basic contact information and surnames you research with other Society members via e-mail or in a Member's Only area of our website and to communicate with you using the email address you provided.

The Society needs your participation – Check any of the areas you are willing to serve.:

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

Payment

Your dues pay for presenters, special events, postage, and other society expenses. Your membership runs from June 1st to the following May 31st.

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

Donations:

As a 501 (c)(3) organization, monetary contributions to the Society in excess of annual dues are appreciated.

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

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.

Make checks payable to: WHAGS. Mail this form and your check to the address above or submit at the next monthly meeting.

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 at

Membership@WHAGS.email