

SAVANNAH RIVER VALLEY GENEALOGICAL SOCIETY®

Please accept my application for membership into the Savannah River Valley Genealogical Society. I am enclosing with my membership application, \$ _____ to cover the membership dues for the year _____.

Membership Type:

Individual
 Family

Last Name: _____, First: _____, MI: _____

Last Name: _____, First: _____, MI: _____

Last Name: _____, First: _____, MI: _____

Last Name: _____, First: _____, MI: _____

Last Name: _____, First: _____, MI: _____

(Use space on back for additional family members)

Mailing Address: _____

City: _____, State: _____, ZIP: _____

Contact Phone Number: _____

Email Address: _____

Surnames You Are Researching:

Please mail application to:

SRVGS
P.O. Box 895
Hartwell, GA 30643