

**Genealogical Society of
Rockland County
P. O. Box 444
New City, New York 10956**



Membership Application

rev. 2024-10-15

*Please note that membership runs from September 1st to August 31st.
Please check all lines that apply.*

Please make check or Postal Money Order payable to **Genealogical Society of Rockland County** and mail with this completed application to the above address.

Check one class of membership (\$20 or \$30):

☐ **\$20.00** per year for our eNewsletter sent 4 times a year to your email address.

☐ **\$30.00** per year for a printed copy sent to your regular address.

☐ I would like to become a member and support the activities of the Genealogical Society of Rockland County

☐ I would be interested in helping with Society projects such as;
(these can be done by email, snail mail, or in person)

☐ Proofreading records for publication

☐ Helping with the Newsletter

☐ Helping with the Website Committee

☐ Volunteering in person at New City Library, when requested, to assist researchers from out of town

☐ Other; we would love to hear your suggestions _____

Please Note: I understand that my Interests, Surnames, and Contact Information will be mentioned in the Membership section of the web page and on printed information that is sent out to the membership unless I request that they be kept private.

I am working on the following projects related to my own special interests (such as early auto manufacturers, colonial cooking, etc.) : _____

☐ Please do not publish my interests on the internet or in print.

I am researching the following surnames as part of my genealogy: _____

☐ Please do not publish my surnames on the internet or in print.

Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4: _____ - _____

Telephone: _____ Email: _____

Web Pages: _____

☐ Please do not publish my postal address or email address on the internet or in print.