## Print this application and then Complete. Mail with your remittance.

## **MEMBERSHIP APPLICATION**

I would like to become a member of Wood County Chapter of The Ohio Genealogical Society for the 20\_\_ calendar year.

	Name_				
	Address				
	City				
	State	Zip (Ple	ase include Plus-fo	our)	
		E-mail			
		Phone No	D.:		
Please select	t membersi	hip type:			
Single Membership		\$15.00	Life	\$200	
Family Membership		\$17.00	Life	\$250	
Currently a r	member of	OGSyes these OGS Chapte nty Chapter via: _	ers		
		ayable to: Woo	d County Chap	ter, OGS	
Please make	e checks pa	•			
	•	County Chapter, O	GS, P.O. Box 7	22, Bowling Gree	n,OH 43402-072
Mail to:	Wood C	·		_	
Mail to:	Wood C Geneal	County Chapter, O	loor, Office Bui	lding, Courthouse	e Square