



Cape Cod Genealogical Society, Inc. 2024 Membership

Last Name _____ First Name _____

Primary Mailing Address _____

City, State, ZIP _____

Telephone _____ Email _____

If joint membership:

Last Name _____ First Name _____

Telephone _____ Email _____

Seasonal Mailing Address _____

City, State, ZIP _____

When will you be at your seasonal mailing address? From: Month ___ Day ___ To: Month ___ Day ___

MEMBERSHIP for the 2024 calendar year:

Basic Membership _____ \$35.00 (\$40.00 outside U.S.) (includes digital Journal via the CCGS website)

Printed Journals (optional) _____ \$20.00 / year to add printed copy of the Journal to Basic Membership

Supporting Membership _____ \$100.00 (includes printed copy of the Journal) (see Note)

Contributing Membership _____ \$150.00 (includes printed copy of the Journal) (see Note)

Note: Supporting and Contributing members will be acknowledged in Society publications. Amounts paid in excess of \$55.00 are tax deductible under IRS Section 501 (c) (3).

Membership is for one person or a couple living in the same household.

TOTAL PAID:

Dues _____ Journal _____ Total paid _____ Check enclosed _____ PayPal _____

The PayPal button is on the website: www.CapeCodGenealogy.org on the "Join CCGS" page.

I am interested in the following Special Interest Groups:

Cape Cod Families _____ Computer Users _____ DNA _____ German _____ Irish _____ Writing _____

___ I understand that CCGS depends on volunteers. Please contact me regarding volunteer opportunities.

___ Communications Technology ___ Conferences ___ Education ___ Hospitality ___ Journal ___ Library

___ Membership ___ Programs ___ Publicity ___ Research Trips ___ Misc. Projects

Please send your completed Membership registration to: **Cape Cod Genealogical Society, P.O. Box 1394, Harwich, MA 02645** or email it to us at: Membership@CapeCodGenealogy.org