

Dane County Area Genealogical Society
P.O. Box 5652
Madison, WI 53705-0652



RENEWAL Membership Application

www.dcags.org

Renew and pay online at dcags.org OR fill out this form and make check payable to Dane County Area Genealogical Society. Return to the address above. All memberships are annual and renew the same date the following year.

Individual Membership (one vote per membership)

EMAIL Delivery of Newsletter. \$20.00

Family Membership (2 individuals, 2 votes per membership)

Please fill out a second Membership Application for the Second individual and send in together.

EMAIL Delivery of Newsletter. \$25.00

DONATION

\$ _____

Donations can also be made on our website.

Name: _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____

The following information is collected for our members' only directory so we may all better serve and interact with each other.

Birth Generation:

- | | |
|--|--|
| <input type="checkbox"/> 1927 and Before Greatest Generation | <input type="checkbox"/> 1965 – 1980 Generation X |
| <input type="checkbox"/> 1928 – 1945 Silent Generation | <input type="checkbox"/> 1981 – 1997 Millennial Generation |
| <input type="checkbox"/> 1946 – 1964 Boomer Generation | <input type="checkbox"/> 1998 – Present Generation |

MEMBERSHIP PROFILE: Please provide any ***NEW*** information that needs to be changed.

Genealogy Software You Use _____

Computer Operating System _____

Geographic Areas of Interest Wisconsin Counties _____

U.S. States _____ Foreign Countries _____

Any additional Surnames you are researching? _____

Do you belong to other genealogy or historical groups? If so, please let us know what other groups you belong to: _____

PLEASE HELP THE PROGRAM AND EDUCATION COMMITTEE BY ANSWERING THE FOLLOWING:

I would like to see the following topics presented: _____

Could you volunteer or help on the following Committees: Membership ___ Outreach ___
Newsletter ___ Program and Education ___ Historian ___ Web/Technology ___
Special Interest Groups ___ Special Projects

How would you enjoy helping DCAGS by volunteering to: _____?

Office Use Only Amount \$ _____ Date _____ Cash / Check # _____