

**MEMBERSHIP APPLICATION**  
**COWETA COUNTY GENEALOGICAL SOCIETY**  
**P.O. BOX 427, GRANTVILLE, GA 30220**

Check type of membership: Single (\$18) \_\_\_\_\_  
Family (\$21) \_\_\_\_\_  
Associate (\$23) \_\_\_\_\_  
Amount Enclosed \_\_\_\_\_

Membership Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

This is a gift membership from: \_\_\_\_\_

I would like to make a donation of \$\_\_\_\_\_.  
Donations are tax deductible.

All memberships are based on a fiscal year basis only. This membership is retroactive to July 1<sup>st</sup>. Back issues of the current year's magazine will be mailed to you.