Carroll County Chapter OGS 2024 Membership Form

Fill in form immediately to assure delivery of Carroll Cousins

_____Single $12.00 _____Joint $15.00 ☐ New Member Donations_____

☐ Renewal Membership #____

Name of Member _____

Name of Spouse if Joint Member _____

Street Address _____

City, State _____ **Zip** _____

Home Phone _____**Publish phone number in a query? Yes** ☐ **No** ☐

Cel Phone _____**Publish celphone number in a query? Yes** ☐ **No** ☐

E-Mail _____**Publish e-mail address in a query? Yes** ☐ **No** ☐

Are you a member of the Ohio Genealogy Society? Yes ☐ **No** ☐

I wish to add the following surnames (in alphabetical order, and if joint members, indicate which spouse is applicable):

_____

_____

_____

I wish to place the following query in Carroll Cousins: _____

_____

_____

_____

Make check payable to:
Carroll County Genealogical Society

Mail this notice to:

Carroll County Genealogy Library
P.O. Box 36
Carrollton, OH 44615

Cut and keep when dues are paid

2024 Carroll County
Genealogical Society Member

Name _____

City _____

State _____ Zip _____