

Membership Application

Please print clearly.

Member Information

Your full name _____
 Spouse full name _____
 Street address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____ Fax _____
 Email _____

Family Research Information (Use reverse of application if necessary)

Surname _____	Surname _____
Town _____	Town _____
Country _____	Country _____
Surname _____	Surname _____
Town _____	Town _____
Country _____	Country _____

Special Knowledge, Skills or Experience

Your occupation (or occupation before retirement, if applicable) _____
 Special talents, interests, hobbies _____

 Foreign language proficiency _____

Membership Dues

Membership type	Quantity
Individual—\$36 _____	
Individual Life—\$360 _____	
Family—\$50 _____	
Family Life—\$500 _____	
Young Adult (through age 25)—\$18 _____	
Out of State—\$25 _____	
<small>USA only. This is a non-voting membership but you will receive our award-winning newsletter, <i>Generations</i>.</small>	
Companies & Foundations—\$100 _____	

Additionally, I'd like to make a donation (\$18 minimum)

in honor of in memory of

Name/occasion _____

Donation amount _____

TOTAL AMOUNT ENCLOSED: _____

I'd like to get more involved with:

- Programming
- Membership
- Publicity
- Library
- Mailings
- Refreshments

Mail this form and your check payable to:

Jewish Genealogical Society of Michigan
 P.O. Box 251693
 West Bloomfield, MI 48325

JGSMI is a 501(c)(3) organization and your dues and/or donation are tax-deductible as allowed by law.