

**CHARLESTON CHAPTER
OF THE SOUTH CAROLINA GENEALOGICAL SOCIETY, INC.**

MEMBERSHIP APPLICATION

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

TYPE OF MEMBERSHIP

_____ INDIVIDUAL \$ 25.00

_____ FAMILY \$ 30.00 One additional member of the same household

NAME _____

_____ ASSOCIATE \$ 15.00 MUST ALREADY BE A PAID MEMBER OF ANOTHER SCGS
CHAPTER

_____ YES _____ NO I hereby grant permission to the Chapter to publish any
information that I submit on the membership application.

Signature _____ Date _____

Mail this application with a check to Charleston Chapter SCGS, P O Box 31395, Charleston,
SC 29417-1395

Applications will be accepted for membership anytime during the year. New members who
apply Sept 1-Dec 31 will be considered chapter members through the next calendar year, but
will be considered as state members starting on January 1. The Chapter's monthly newsletter
will be sent via email unless requested to be sent by mail. The State's newsletter will be sent by
mail.

As a member you will be sent information on how to access the Members Only section of our
Chapter's website: <http://charlestongenealogy.org>