

**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 \$ 20.00 MUST ALREADY BE A PAID MEMBER OF ANOTHER SCGS  
CHAPTER - SCGS Number \_\_\_\_\_

\_\_\_\_\_ YES      \_\_\_\_\_ NO I hereby grant permission to the Chapter to publish any  
information that I submit on the membership application to our Members Only section of our  
website - [charlestongenealogy.org](http://charlestongenealogy.org).

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. Membership is for one calendar  
year with renewal due in December. 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>