

Kane County Genealogical Society Membership Enrollment

Section I

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Section II

All persons are asked to submit upto 6 surnames which will be distributed to all KCGS members.

Entry No	Surname
1	
2	
3	
4	
5	
6	

Section III

Inclusion in the KCGS membership list

I do do not give permission to KCGS to publish my name, address, phone number, e-mail address, and/or surnames in a membership listing published and distributed separately from the quarterly newsletter.

Please note: It is the policy of the KCGS to not include information from unsigned member forms on the printed membership lists.

Signature _____

Send completed form and payment to:
Kane County Genealogical Society
315 E Shannon St
Elburn IL 60119
Attn: Membership

Membership: \$25.00 per calendar year

**Membership enrollment is based upon the calendar year.
Dues received after October 1 are applied to the following year.**