

Jefferson County Chapter, OGS

Membership Application Form

Please complete the following form and mail your payment to:

Jefferson County Chapter, OGS
PO Box 2367
Wintersville, OH 43953

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Membership Type (check one):

1 Year Single - \$20 1 Year Couple - \$25 Lifetime – donation of \$500 or more

Donation Choice (check one if donating):

Chapter Donation Cemetery Project Donation Website Upkeep Donation

Donation Amount: \$ _____

Are you an Ohio Genealogy Member (check one): Yes No

Surnames (please separate with a comma):

Due to the rising costs to print and mail newsletters and a decrease in memberships, we will not be able to continue offering mailed newsletters to our members. Beginning immediately, all newsletters will be available from our website, where you can access and view them at any time and from any computer or if you would like, you can print them. You will need to acquire your username and password and then keep it in a safe place. The newsletters are wonderful to view in color, from our website and you will also have the opportunity save it or print it and access it and all past issues. We regret being forced to make this decision, but the money saved on not publishing and mailing newsletters will be used to maintain our office and continue record preservation projects in Jefferson County, Ohio.

Signature

Name: _____ Date: _____