

# Membership Form

PLEASE PRINT OR TYPE

PLEASE CHECK ONE: RENEWAL

NEW MEMBERSHIP

FOR YEAR OF **2017**

Surname in  
CAPITAL LETTERS

(given name)

(middle name)

Name(s):

Your maiden name or your spouse's  
maiden name:

Address:

City/State/Zip:

Phone (day): (include area code)

Phone (evening): (include area code)

Phone (mobile) (include area code)

E-mail address:

Current/former occupation:

Additional Address

Which months at additional address:

PLEASE SELECT A MEMBERSHIP LEVEL:

INDIVIDUAL **\$25**

SUSTAINING **\$60**

PATRON **\$240**

FAMILY **\$35**

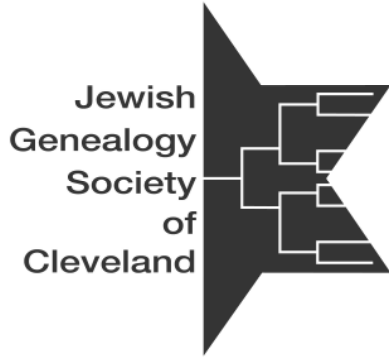
ENDORSING **\$120**

DONOR **\$350**

**PLEASE MAKE CHECKS PAYABLE, IN US FUNDS, TO JGS OF CLEVELAND. TAX DEDUCTIBLE IF YOU ITEMIZE FEDERAL TAX DEDUCTIONS.**

MAIL CHECK AND THE MEMBERSHIP FORM TO:

**MARILYN BASKIN, TREASURER, JEWISH GENEALOGY SOCIETY OF CLEVELAND  
32850 Jackson Road, Moreland Hills, OH 44022**



# Membership Form

PLEASE PRINT OR TYPE

Research Information -- **PLEASE PRINT**  
 (Surname in CAPITAL LETTERS) (given name) (middle name)

Your name(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**MAY WE INCLUDE YOUR RESEARCH INFORMATION IN A MEMBERS ONLY LIST ON THE CJGS WEB SITE SO OTHER MEMBERS RESEARCHING THE SAME NAMES CAN CONTACT YOU?**  
 YES  NO

**Whom are you researching? Please print clearly. Use CAPITAL LETTERS for SURNAMES only.**  
**SURNAME                      Given & Middle Names                      Shtetl (town)                      Country**

\_\_\_\_\_

\_\_\_\_\_

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**Other genealogy related interests:**

Interest in JGSC activities:	Program	Library	Newsletter	Photographer	Website
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>