

SUSSEX COUNTY GENEALOGICAL SOCIETY

Name(s) _____

Address _____

Phone _____ Email _____

Individual Membership _____
(\$15 per year)

Family Membership _____
(\$20 per year)
(2 individuals sharing the same
address)

Form of Payment Cash _____ Check _____ (No credit cards)

Make checks payable to SCGS

Membership year is from June 1st to May 31st

Areas of Interest

Census _____ Military Records _____ Church Records _____ Internet _____

Wills and Probate Files _____ Immigration _____ Document Preservation _____

Nationalities you are researching

English _____ Irish _____ Scottish _____ German _____ Italian _____ Asian _____

African-American _____ Other _____

We would like to know what you are expecting to gain from your SCGS membership

I give my permission for my name, phone number and email address to be included on the SCGS Website: Yes _____ No _____

Signed _____ Date _____

Mail to: SCGS Membership
Rehoboth Beach Library
226 Rehoboth Avenue
Rehoboth Beach, DE 19971

