Hayward Area Genealogical Society

P.O. Box 504 San.Lorenzo, CA 94580-0504

Membership Application

Please c	complete the form, print it and	mail it to the addre	ess above with your dues.					
Name:								
Address:								
City:		State:	ZIP:					
Phone:	Email:							
	Membership Information							
Annual d	lues are payable the first of April of	each year.						
	al: \$10.00 Couples: \$15.00 \$ 5.00							
Background Information								
Please he	elp us serve you better by answerir	ng the following ques	tions:					
Tell us ab	oout yourself:							
Yes No	Do you belong to any other genea Have you ever written a family his Are you familiar with the LDS Fam Do you own a computer? PC MAC Do you use a genealogy software	tory book? ily History Center?	which program (s):					
	May we publish your interest in o	ur monthly newslette	er, THE INFORMER?					
	If yes, may we include your:							

Name

Address

Email Address

Phone Number

Surnames Information

Please share with us the surnames and areas you are researching. You may use the back of this form if you need addition space.

Surname	Country	State	County	City	Year

Genealogical Topics

Are there special genealogical topics that interest you? Topics such as lineage, societies, or a particular historical period or event. If your answer is yes, please tell us about them.