



2024 Membership Form

Marion Area Genealogy Society (MAGS)

P.O. Box 0844, Marion OH 43301-0844

| | | | | |
|--------------------------------|-------------|--|------------|--|
| Membership: | Single \$10 | | Joint \$12 | |
| Membership Status: | New? | | Renewal? | |
| Ohio Genealogy Society Member: | Yes | | No | |

| | | | | |
|----------------------|--------|-------|------------------------------------|-----|
| First Name | | | | |
| Last Name | | | Birth/Maiden Name (If Applicable): | |
| Address | | | | |
| City | | State | | Zip |
| Phone | | | | |
| Email | | | | |
| DOB | Month: | | Day: | |
| | | | Year (optional): | |
| Surnames Researching | | | | |

Joint Member Information

| | | | | |
|----------------------|--------|--|------------------------------------|--|
| First Name | | | | |
| Last Name | | | Birth/Maiden Name (If Applicable): | |
| Phone | | | | |
| Email | | | | |
| DOB | Month: | | Day: | |
| | | | Year (optional): | |
| Surnames Researching | | | | |

Permissions

Yes No

| | | |
|--|--|--|
| I/We want to be included in the MAGS Newsletter and Member's handbook. | | |
| I/We give permission for MAGS to share my/our picture and name(s) in media sources such as Facebook, MAGS website, newspaper articles, etcetera. | | |
| I/We want my information shared with a NON-member researcher searching a common surname if requested. | | |
| Note: If not checked, it will be processed as a denial because we don't want to give out your information without your permission. | | |

Suggested Speakers or Topics of Interest:

Newsletter preferences

All members will receive our newsletters in full color digital copy sent to your email.

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| In addition, I would like to receive a printed copy of the newsletter (black and white) sent by mail at an additional cost of \$10.00 per year to help cover printing and postage. | |
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If you plan to attend the meetings in-person please provide:

| | |
|------------------------|-------|
| Emergency Contact name | Phone |
|------------------------|-------|

| | |
|--------------------------|------------------------|
| Primary Member Signature | Joint Member Signature |
| Date | Date |

Thank you for being a member of the Marion Area Genealogy Society. We appreciate your support.