

Chesterfield District Chapter
S.C.G.S.
P. O. Box 167
Chesterfield, SC 29709

Membership Form

Renewal: () New Member () Year_____

Name_____

Address_____

City_____State_____Zip_____Tel._____

E-mail_____Date__/__/__SCGS#_____

Check One:

() Associate Membership \$20.00 (Must be a full member of another chapter of the SCGS: Chapter_____)

() Individual Membership \$25.00 (Full member of CDC, SCGS, Receives Newsletter.)

() Family Membership \$30.00 (Two or more members at the same address, one subscription of Chapter publication.)

() **Sponsor \$75.00 (Membership, bound volume of newsletter, bound volume of obituaries.)**

() **Life Membership \$1000.00 (payable in 4 annual payments of \$250.00 full membership for life, publication, and ensure the continuation of the programs of the CDC, SCGS)**

Additional Contribution: () \$5.00 () \$10.00 () \$25.00 Other Amount: \$_____

Please make checks payable to: Chesterfield District Chapter, S.C.S.G.

Please list the surnames you are researching and the state, county or country of origin. (Provided for new members or for renewing members who would like to update their file.)

Surnames	State, County or Country of Origin
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