



**OZARKS GENEALOGICAL SOCIETY, Inc.  
MEMBERSHIP APPLICATION**

**Check here if renewal: \_\_\_**

Date: \_\_\_\_\_

\_\_\_\_\_  
First Name                      MI                      Surname

If family membership, second name at same address: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip+4

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How many years have you been researching your family? \_\_\_\_\_

How did you learn about the society? \_\_\_\_\_

List four surnames you are researching: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

What genealogy skills would you like to learn? \_\_\_\_\_

What genealogy topics would you like to hear presented? \_\_\_\_\_

Do you have special genealogical interests? (Scottish, German, technology, etc.) \_\_\_\_\_

\*\* This society is a volunteer organization. Volunteers perform all work, programs and services.  
Please consider volunteering. \*\*

What skill sets do you possess which might benefit the Society? \_\_\_\_\_

Please check appropriate boxes:      One Year                      Two Years

Individual \_\_\_\_\_                      \$25 \_\_\_                      \$50 \_\_\_

Family \_\_\_\_\_                      \$40 \_\_\_                      \$80 \_\_\_

Lifetime (Individual)                      \$500 \_\_\_

Support OGS: Additional donation to the OGS General Fund:      \$ \_\_\_\_\_

Please make checks payable to OGS. Total Enclosed                      \$ \_\_\_\_\_

**Please complete this application and mail with payment to:**

OGS

P.O. Box 3945

Springfield, MO 65808-3945

Phone: (417) 831-2773

Web Site: <https://ozarksgs.org>