Bedford Genealogical Society, Inc., Membership Form

Date: _____

Membership: (circle one) NEW / RENEWAL

Type of Membership: (circle one)	Single	Family	Student
	$15.00	$20.00	$5.00

Mr./Mrs./Miss/Ms. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

Bedford County Surnames Currently Researching: _____

_____

I am willing for my name to be shared with others researching the same surnames. ____ Yes ____ No

I am willing for my name to be shared with the other members through a membership list. ____ Yes ____ No

Make check payable to:
BEDFORD GENEALOGICAL SOCIETY, Inc.
Remit completed Membership Form and payment to:
Membership Chairman,
Bedford Genealogical Society, Inc.
P.O. Box 1439
Bedford, Virginia 24523