CENTRE COUNTY GENEALOGICAL SOCIETY

PO Box 1135, State College, PA 16804-1135

Membership Application

Membership Year: January 1 through December 31, Year: _____

☐ **New Membership** ☐ **Renewal**

Applicant Information

First Name _____

Last Name _____

Street Address _____

Telephone _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____

Membership Type

☐ $25 Annual Membership (Newsletter via emailed PDF)
☐ $30 Annual Membership (Newsletter via hardcopy mail)
☐ Donation $ _____

Genealogical Interests/Skills You Can Share with Members

I apply for membership in the Centre County Genealogy Society and support its mission to preserve, promote, and share genealogical and historical research.

Signature: _____ **Date:** _____

Office Use Only: Payment $_____ Date _____

Cash: _____ Check: _____ PayPal:_____ Emailed: _____ Entered: _____

Rev: 10/21/2026