

ARK-LA-TEX GENEALOGICAL ASSOCIATION
P. O. Box 4463, Shreveport, La 71134-0463

2019 Membership Application

Date _____

New Membership _____ Renewal _____ (Check One)

PLEASE PRINT

Full Name _____

Name of Additional Family Member (if joint mbrshp) _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

E-Mail Address _____

List 4 Surnames being researched per member.

1. _____ 2. _____ 3. _____ 4. _____

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** Would you consider serving on a committee or helping in one of the following areas? If yes, please circle the

committee: Education Programs Seminar Publicity Refreshments Other _____

Dues Information: Annual Membership in ALTGA is from January 1 through December 31.

❖ Annual dues (Jan – Dec) is **\$20.00** (includes spouse or family member if joint membership)

❖ Dues for persons joining in last half of year (Jul 1 - Dec 31) is **\$10.00**

❖ Renewal membership dues are due by January 31 at the 'whole year' annual rate. Early renewal appreciated!

*****Complete and send payment with this application*****

THIS BOX IS FOR ALTGA TREASURER'S USE ONLY.

Date Received _____ Amount Received \$ _____

Check No. _____ Cash _____ PayPal _____

Added to Mailing List _____