Western New York Genealogical Society, Inc.
Membership Renewal Form

The March issue (March 2020) will be the last issue of your current membership.
Renew now for the period 1 May 2020 through 30 April 2021

Date: __________________________

TYPE OF MEMBERSHIP:

<table>
<thead>
<tr>
<th>Before 15 May 2020</th>
<th>Individual</th>
<th>Family</th>
<th>Societies &amp; Libraries</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$20.00</td>
<td>$25.00</td>
<td>$22.00</td>
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<tr>
<td>After 15 May 2020</td>
<td>Individual</td>
<td>Family</td>
<td>Societies &amp; Libraries</td>
<td>$</td>
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<tr>
<td></td>
<td>$22.00</td>
<td>$27.00</td>
<td>$22.00</td>
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<tr>
<td>LIFE Membership</td>
<td>Individual</td>
<td>Family</td>
<td></td>
<td>$</td>
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<td>Multiple payments MUST be completed within one year.</td>
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<tr>
<td></td>
<td>$350.00</td>
<td>$500.00</td>
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</tbody>
</table>

CONTRIBUTIONS:
Would you care to make a tax-deductible donation?

Unrestricted Donation $ ________

Total Amount Due In U.S. Funds: $ __________
(CANADIAN & FOREIGN: Payment in U.S. funds on a U.S. bank, or a Canadian postal money order. Our bank charges a fee for Canadian bank checks or money orders even if they are in U.S. funds.)

MEMBER INFORMATION:

☐ Mr. ☐ Miss ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other __________________________
Name (First, Middle, Last):

(For Family Memberships, please list the names of all participating individuals in the household.)

Maiden Name: __________________________ Member Number: __________________________
Address: __________________________________________
City: __________________________ State: ________ Zip+4: __________________________
Plus 4 zip code is necessary for mailing of the JOURNAL.

Phone: (_____) ______________ Email: __________________________

Which format of JOURNAL do you want? (Please choose one.)
☐ Electronic (PDF delivered via e-mail) ☐ Paper (delivered via USPS Bulk Mail) ☐ Is this a change in format?

Do you need a new membership card?
☐ No ☐ Yes (If “Yes” Please remember to include a SASE with your form and payment.)

Please return the completed renewal form (in its entirety) and payment to:
Sandi Russo, WNYGS - Registrar, 1100 Stony Point Rd., Grand Island, NY 14072-2713

Please make checks payable to “WNYGS” and include your member number on your check.