

Defiance County Chapter of the Ohio Genealogical Society
Membership Form

Please print or type and send with check made payable to **DCGS**.

Send to: Defiance County Chapter OGS, P. O. Box 7006, Defiance, OH 43512-7006

Membership year is January 1 through December 31, annual \$15.00 per person, \$18.00 for family. If you need to update your 5 generation charts, please return a five-generation chart, sign and date the form giving permission to publish in the newsletter.

First Name _____ Last Name _____

Maiden Name _____ Spouse Name _____

Address _____

City _____ State ____ Zip code _____ - _____

Phone # (_____) _____ - _____ E-mail address _____.

Facebook account _____.

New Member ___ or Renewal ___ Single ___ or Family _____

(If gift membership, write name and address of person on back of this form)

Donation to DCGS for \$ _____ Specified Intention (please indicate) _____

****Would you prefer your newsletter (circle one) snail mail/USPS or E -mail. Due increased print and postage costs, please add \$5.00 to your membership fee for snail mail**

Member of First Families of Defiance County, Yes ___ No ___ OGS Member? Yes ___ No ___

Your Surnames in Defiance County

Program Suggestions? _____

What services/support would you be willing to help DCGS with? (Circle all that apply)
Officer/Trustee, Computer data entry, Transcribing records, Proofreading, Meeting greeter,
Setting up displays, Indexing, Telephone/calling, Fundraising, First Families Committee,
Speaker, Teaching. Other _____

I do ___, do not ___ give permission to have my information printed in any handouts, newsletters, or publications.

Office use only: Date Pd. _____ Ck. # _____ Cash ___ Membership # _____ For 20 _____
updated: 2023