NEVADA COUNTY GENEALOGICAL SOCIETY
2024 MEMBERSHIP FORM

*Name*_____
First *Middle* *(Maiden)* *Last*

*Spouse's Name*_____
*This is a family membership*_____ *(no additional cost)*

*Street Address*_____
City, State, Zip

*Telephone*_____
Home *(Please include Area Code)* *Cell*

*E-Mail*_____

Membership dues including a monthly newsletter are: ***$20.00*** *per year to have the newsletter available electronically. Dues are based on a one year period beginning January 1 and ending December 31. Renewals are due by the end of January, annually.*

Make your check payable to: ***NCGS***
Mail to: ***NCGS, P.O. Box 176, Cedar Ridge, CA 95924***

Please complete a list of the names you are researching below, along with the states/countries and approximate time periods involved.

SURNAME, (Given Name optional)	*LOCALITY (Smallest to Largest)*	*TIME PERIOD*
i.e.: GEORGE, John	*Owensburg, Greene County, Indiana*	*1838-1878*