

Application for Membership

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (Optional) _____

Online Address (Optional) _____

Surnames being researched _____

One Year Membership \$14.00 Previous Newsletters \$15.00/year (Please Circle)
____ New ____ Renewal 95 96 97 98 99 00 01 02 03

Make Checks Payable to: **C.T.G.S**

Mail to: C.T.G.S.

PO Box 576

St. Clairsville, OH 43950-0576