



GENEALOGICAL FORUM OF OREGON, INC.
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 E-mail: gfoinfo@hotmail.com
 Website: http://www.gfo.org

Membership Form

New Membership
 Renew Current
 Reinstate Lapsed Membership

Member # (if current member) _____ Date: _____

Please complete all sections indicated (I - V) EXCEPT SECTION II if this is an individual membership.

I - Personal Information:			
Name: Last, First, MI:		Birth Surname:	
Mailing Address:	City, State/Country:	ZIP + 4/Postal Code	
Telephone:	E-Mail Address:		
Current or Prior Occupation:	Are you retired?	Have you ever been a member?	
	Yes No	No Yes When?	
Surnames and the states/countries where you are researching them: <i>i.e.</i> Jones (AR, OR, ENG)			
#1	#2		
#3	#4		
#5	#6		
II - Joint Member Information:			
Second name: Last, First, MI: (Joint memberships only)		Birth Surname:	
Telephone:	E-Mail Address:		
Current or Prior Occupation:	Are you retired?	Have you ever been a member?	
	Yes No	No Yes When?	
Surnames and the states/countries where you are researching them: <i>i.e.</i> Jones (AR, OR, ENG)			
#1	#2		
#3	#4		
#5	#6		

PLEASE COMPLETE REVERSE SIDE

 Receipt

(To be completed by Membership Committee. This receipt will be mailed to you with the membership card.)

Name: _____ Member #: _____ Date: _____

The Genealogical Forum of Oregon is a 501(c)(3) non-profit organization, and as such, all dues, gifts, contributions and devices are tax deductible. Federal Tax ID #93-6026015

III - Volunteer:

Thank you for your continued financial support of our organization through your dues and donations. Equally important to the continued success of the GFO is the contribution of your time; Please join your fellow members in being a volunteer. We always need help to keep our organization running smoothly. Every one is welcome, hours are flexible and training will be provided. A few hours a week or month can make a big difference. How may we contact you to discuss matching you with open volunteer opportunities?

Phone: _____

E-Mail: _____

**IV – Membership Type:
Complete this box (choose one)**

**And complete this box to confirm your
Publication delivery type**

Individual -

- | | |
|---|---|
| <input type="checkbox"/> \$40 – 12 months | <input type="checkbox"/> \$35 – 12 months
<small>(Insider & Bulletin e-mailed)</small> |
| <input type="checkbox"/> \$80 – 25 months | <input type="checkbox"/> \$70 – 25 months
<small>(Insider & Bulletin e-mailed)</small> |

Joint -

- | | |
|--|--|
| <input type="checkbox"/> \$55 – 12 months | <input type="checkbox"/> \$50 – 12 months
<small>(Insider & Bulletin e-mailed)</small> |
| <input type="checkbox"/> \$110 – 25 months | <input type="checkbox"/> \$100 – 25 months
<small>(Insider & Bulletin e-mailed)</small> |

**Choose one option
For Bulletin**

- USPS

 Email

 None

**Choose one option
For Insider**

- USPS

 Email

 None

Libraries & Societies \$20 **The Bulletins & Insiders will be mailed to your listed address.**

Life – Individual \$750 **I want to receive the Bulletins & Insiders** Email USPS No pubs
(Also Available in 3 annual payments of \$270)

Life – Joint* \$1000 **I want to receive the Bulletins & Insiders** Email USPS No pubs
(Also Available in 3 annual payments of \$360)

V - Donations and Gifts: The Forum deeply appreciates any additional support you can provide. Donations in any amount are most helpful.

All gifts and donations are tax-deductible. The Forum is a 501(c)(3) non-profit organization. Federal Tax ID #93-6026015

\$ _____ General Fund – Current Operations \$ _____ Endowment Fund – Future Operations
\$ _____ Other (Please Specify)

Donor Levels: (Please check this box if you do not wish to have your name published.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Heritage Level (\$1,000 and up) | <input type="checkbox"/> Pedigree Level (\$500 - \$999) | <input type="checkbox"/> Ancestral Level (\$250 - \$599) |
| <input type="checkbox"/> Sustaining Level (\$100 - \$249) | <input type="checkbox"/> Supporting Level (\$50 - \$99) | <input type="checkbox"/> Patron Level (Up to \$49) |

**Note: If this form is turned in at receptionist desk,
please have receptionist complete this section.**

Cash \$ _____ Check # _____ Check Amount \$ _____

Received by: _____ Date: _____

(Receptionist's Name & Member #)

New Member Packet (New members only) Issued Temporary Receipt/Library Card

FOR MEMBERSHIP CHAIR USE ONLY:

Gift – General Fund	\$ _____	Data Base:	Membership Card
Gift – Endowment Fund:	\$ _____	_____	Printed: _____
Gift – Other	\$ _____	Renewal Date:	Card & receipt mailed:
Dues	\$ _____	_____	_____
Total:	\$ _____	File Card:	_____

Receipt

(To be completed by Membership Committee and mailed with the member's card.)

Cash or Check Total Amount Received \$ _____

Dues \$ _____ + Additional Donation (a separate letter will follow) \$ _____