

SIOUX VALLEY GENEALOGICAL SOCIETY MEMBERSHIP APPLICATION

TODAY'S DATE _____

NAME (FULL NAME) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

CELL PHONE NUMBER _____

HOME PHONE NUMBER _____

EMAIL ADDRESS _____

Choose Membership Type: All dues are for one year, from Jan. to Dec.

Membership Type	Emailed copy of Pathfinder	Mailed copy of Pathfinder
Single membership	_____ \$20.00	_____ \$25.00
Family Membership	_____ \$25.00	_____ \$30.00
Contributing Membership	_____ \$25.00	_____ \$30.00
Patron Membership	_____ \$50.00	_____ \$55.00
Foreign Membership	_____ \$30.00	_____ \$35.00

Surnames you are researching:

Please make check payable to:

SVGS
% Old Courthouse Museum
200 West 6th St.
Sioux Falls, SD 57104