

LINN GENEALOGICAL SOCIETY MEMBERSHIP FORM  
P.O. Box 1222 Albany, OR 97321

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (      ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Surnames of Interest \_\_\_\_\_

New \_\_\_\_\_

Renewal \_\_\_\_\_

Donation \_\_\_\_\_

Yearly:

Life Membership:

\_\_\_\_ Individual:     \$ 15.00  
\_\_\_\_ Family/Couple: \$ 20.00  
\_\_\_\_ Sustaining:    \$ 50.00  
\_\_\_\_ Small Business: \$ 100.00  
\_\_\_\_ Benefactor:    \$1,000.00

\_\_\_\_ Individual under age 60: \$300.00  
\_\_\_\_ Family/Couple:       \$350.00  
\_\_\_\_ Over age 60:         \$250.00