

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 _____

_____ Annual Membership: \$20.00

Life Membership: \$250.00