



RUSH COUNTY GENEALOGICAL SOCIETY
 PO BOX 54, RUSHVILLE, IN 46173
 Email: rcgsociety@gmail.com

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email Address:		
MEMBERSHIP INFORMATION		
Individual: _____ \$ 15.00		
Family: _____ \$ 20.00 (Must reside at the same address)		
Student: _____ \$5.00 (Must be 18 or under and a current high school student)	High School:	
\$_____ Donation to support the Rush County Genealogical Society		
PROJECTS		
What kind of projects would you like to see the Society participate in? :		
_____ Cemetery Transcriptions	_____ Vital Records Recording	_____ Military Records Research
_____ Obituary Projects	_____ Query Lookups	Other: _____
WHAT SURNAMENAMES ARE YOU RESEARCHING?		
FAMILY MEMBER NAMES AND BIRTHDATES FOR FAMILY MEMBERSHIP		
Name:	Birthdate:	
Name:	Birthdate:	
Name:	Birthdate:	
DO YOU HAVE ANY SPECIAL GENEALOGICAL SKILLS? (TOMBSTONE REPAIR, WEB DESIGN, ETC)		
Please check what information you allow RCGS to publish in our Membership Directory:		
() : Name () : Address () : Phone Number/s () : Email Address () : Birthdate		
SIGNATURE		
Signature of applicant:		Date: