Membership Form

Your Contact Information

Last Name	First Name	Middle Initial

Street Address	City	State	Zip Code

Cell Phone	Home Phone	Email Address

Your Lower Delmarva Research Interests

Surname	General Location	Surname	General Location

Dues Enclosed

☐ **$20 for ANNUAL individual or family membership**

☐ **$300 for LIFETIME membership**

PLEASE NOTE: THE MEMBERSHIP YEAR IS FROM JANUARY 1ST THROUGH DECEMBER 31ST.

☐ **I have enclosed a self-addressed, stamped envelope and I would like a membership card mailed to me.**

Please complete this form and mail it to:

Lower Delmarva Genealogical Society
Membership Chairman
Box 3602
Salisbury, MD 21802-3602