

CAMPBELL COUNTY HISTORICAL & GENEALOGICAL SOCIETY GENERAL MEMBERSHIP FORM

NAME: _____ NEW : _____ RENEWAL: _____ LIFE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL ADDRESS: _____

IS THIS A CHANGE OF ADDRESS OR PHONE NUMBER? ___ YES ___ NO

CHECK ONE OR BOTH OF THE FOLLOWING OPTIONS (LEAVE BLANK IF NO REMINDER IS NEEDED):

____ I WOULD LIKE A MONTHLY MEETING REMINDER CALL.

____ I WOULD LIKE A MONTHLY MEETING REMINDER VIA E-MAIL

RETURN THIS FORM, WITH YOUR DUES OF **\$12.00** PER PERSON (\$150.00 for LIFE Membership)

TO: CAMPBELL COUNTY HISTORICAL & GENEALOGICAL SOCIETY
 8352 EAST MAIN STREET
 ALEXANDRIA, KY 41001