



American-Canadian Genealogical Society

Membership Application

Complete and Return With Your Payment to:

**ACGS Membership Secretary
PO Box 6478 Manchester NH 03108-6478**

Or you may call (603) 622-1554 to pay with a credit card.

Name _____ Date _____
Maiden Name (if appl.) _____
Address _____
City _____ State _____ Postal Code _____ Country _____
Tel. (_____) _____ Email Address _____

Your Occupation _____
Your Birth date/place* _____
Your Marriage date/place* _____

Your Father _____
Your Mother (maiden name) _____
Their Marriage date/place* _____

Your Spouse (maiden name if appl.) _____
Your Spouse's Father _____
Your Spouse's Mother (maiden name) _____

Your Paternal Grandfather _____
Your Paternal Grandmother (maiden name) _____
Their Marriage date/place* _____

Your Maternal Grandfather _____
Your Maternal Grandmother (maiden name) _____
Their Marriage date/place* _____

* Not required.