

Membership Application/Annual Renewal Form Old Edgefield District Genealogical Society PO Box 546, Edgefield, SC 29824-0546

803-637-4010

OEDGS85@gmail.com

PLEASE SUBMIT ENTIRE PAGE Date			
I am interested in becoming a member of member of the South Carolina Genealogical Socmembership I have checked below.	_		_
genealogical society c	Iembership embership: For individuals who hapter. My primary chapter is _ k deductible contribution. Tha		
*An additional donation to help with the cost of printing accepted and appreciated. You may include:			graciously
FULL NAME (please print)			*
STREET ADDRESS	(area code) + phone #	Email address	
CITY	STATE	FULL 9-DIGIT ZIP CODE	<u>—</u> Е
* I would like to receive <i>Quill</i> electronically in PDF format Yes No			
<u>Du</u>	es/Membership Policy		
Society membership is on a calendar year basis (1 Jan. to 31 Dec.).			
Members of OEDGS automatically become and will receive <i>Quill</i> and <i>The</i> Carolina		Genealogical Society (SCGS)	
Regardless of the month you become a m members, who join <i>prior</i> to October 1 st , first year of membership. New members will be credited with membership for the	will receive back issues as well as c , who join <i>after</i> October 1 st , will no	urrent issues of Quill for the	
After the first year, if dues are paid time of payment/renewal. Back issues			
List PRIMARY surnames alphabetically of families being r	researched. Include state(s) of residence	e, country of origin, and approximat	te dates.