



The Georgia Salzburger Society

Membership Application

The Mission of the Society is to perpetuate the memory and to foster the principles, virtues and genealogical history of the early settlers in Georgia of Salzburger origin and their descendants.

MEMBERSHIP (circle one):

- Regular-Direct Descendant
- Associate-Spouse
- Friend
-

DUES (circle one):

- Life -Regular \$200.00
- Life-Associate \$200.00
- Life-Friend \$200.00
- Regular \$20.00 annually

Date _____

PRINT ONLY

Name of Applicant _____
(First) (Middle) (Last)

Address _____
(Street, Apartment) (City) (State) (Zip Code)

Phone () _____ () _____ E-mail _____
(Home) (Work)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year)

Descendant of _____

Only the Applicant, who is a direct descendant, is required to complete the following section. It is necessary to complete this form through the last generation that appears in the *Georgia Salzburgers and Allied Families* Publication.

1. The Applicant: A direct descendant

	Month	Day.....Year	Place	State
2. The child of _____	Born	_____	_____	_____
	Died	_____	_____	_____
	Married	_____	_____	_____

And his/her spouse _____	Born	_____	_____	_____
	Died	_____	_____	_____

3. Grandchild of _____	Born	_____	_____	_____
	Died	_____	_____	_____
	Married	_____	_____	_____

And his/her spouse _____	Born	_____	_____	_____
	Died	_____	_____	_____

4. Great Grandchild of _____	Born	_____	_____	_____
	Died	_____	_____	_____
	Married	_____	_____	_____

And his/her spouse _____	Born	_____	_____	_____
	Died	_____	_____	_____

5. Great Great Grandchild of _____	Born	_____	_____	_____
	Died	_____	_____	_____
	Married	_____	_____	_____

And his/her spouse _____	Born	_____	_____	_____
	Died	_____	_____	_____

(Continued on back)

