



THE IRISH GENEALOGICAL SOCIETY OF WISCONSIN

MEMBERSHIP APPLICATION

NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE:(_____) _____

EMAIL: _____

INDIVIDUAL (\$15) _____ FAMILY MEMBERSHIP (\$20) _____ (Please make checks payable to I.G.S.W.)

Please list no more than ten (10) Irish Surnames you are researching:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check the phrase that most accurately describes your genealogical experience:

___ Complete beginner ___ Some experience ___ Many years experience

Complete this form and mail it (or you may bring it with you to the next IGSW meeting), along with dues to:
I.G.S.W., Box 13766, Wauwatosa, WI 53213-0766