



# 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