

## Polish Genealogical Society of New York State Membership Application

| Name                                                                                                |                             | Date                     |                          |   |  |
|-----------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|---|--|
| Address                                                                                             |                             |                          |                          |   |  |
| CityState                                                                                           | Zip                         | Phon                     | e                        |   |  |
| E-Mail address                                                                                      |                             |                          |                          |   |  |
| New Member or Renewal?                                                                              | How did you                 | hear about us? _         |                          |   |  |
| Can you read a foreign language?                                                                    | Yes / No List Lang          | guage(s):                |                          |   |  |
| Please Indicate Your Choices:                                                                       |                             |                          |                          |   |  |
| I DO / DO NOT want my surname                                                                       | information published       | on pgsnys.org.           |                          |   |  |
| I <b>DO / DO NOT</b> want my contact ir                                                             | nformation made availa      | able to our member       | ship                     |   |  |
| Choose one option only: I want to preferred email address for delive                                |                             |                          | -                        | • |  |
| Circle selected membership:                                                                         |                             | US<br>Canada<br>Overseas | \$20<br>US\$30<br>US\$35 |   |  |
| I would like to include a tax-ded                                                                   | uctible donation of \$      |                          |                          |   |  |
| Please make check or money ord                                                                      | er payable to <b>PGSN</b> Y | YS.                      |                          |   |  |
| Mail check and application to: PGSNYS Attn: Membership Committee P.O. Box 984 Cheektowaga, NY 14225 |                             |                          |                          |   |  |

The surnames provided below may be posted in the Surname Database on our website (www.pgsnys.org) and is made available to our membership.

| Surname | Province      | County   | Village | Parish    | City/State | Date of Arrival |
|---------|---------------|----------|---------|-----------|------------|-----------------|
|         | (Wojewodztwo) | (Powiat) | (Wies)  | (Parafia) | Settled US |                 |
|         |               |          |         |           |            |                 |
|         |               |          |         |           |            |                 |
|         |               |          |         |           |            |                 |
|         |               |          |         |           |            |                 |
|         |               |          |         |           |            |                 |