



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 (check one):
 Regular-Direct Descendant
 Associate-Spouse
 Friend

DUES (check one):
 Life -Regular \$250.00 (Life - \$250.00 for all ages)
 Life-Associate \$250.00
 Life-Friend \$250.00
 Regular, Associate, or Friend \$ 25.00 Annually
 Children \$10.00 (To 18 years)

Date _____

PRINT or TYPE 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.

The Applicant: Immigrant Ancestor _____

	Month	Day	Year	Place	State
1. The child of _____ And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
2. Grandchild of _____ And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
4. Great Grandchild of _____ And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
5. Great Great Grandchild of _____ And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____

Membership Application Information continued.....

PRINT or TYPE ONLY

Additional Information: _____ **Month Day Year** _____ **Place** _____ **State** _____

6. Great Great Great Grandchild of

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

7. Great Great Great Great Grandchild of

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

8. Great Great Great Great Great Grandchild

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

DOCUMENTATION

Georgia Salzbergers and Allied Families: Volume(s): _____ Page(s) _____

List references: Family Bibles, church, courthouse, and cemetery record.

Additional resources are available in the Research Library located at the Georgia Salzburger Society Museum.

Applicant's Spouse _____
 (First) (Middle) (Last, Maiden Name)

Born _____ **Married** _____ **Place** _____

Applicant's Children:

- 1. _____ **Born** _____
- 2. _____ **Born** _____
- 3. _____ **Born** _____
- 4. _____ **Born** _____
- 5. _____ **Born** _____
- 6. _____ **Born** _____
- 7. _____ **Born** _____

Make check payable to **The Georgia Salzburger Society.**
MAIL TO: The Georgia Salzburger Society
Membership Committee
P.O. BOX 1629
Rincon, Georgia 31326-1629

For Need assistance in completing form,
Contact: Debra Herrin, GSS Registrar
Email: gssdebraherrin@gmail.com

Additional Information and/or Notes: