

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.

Regular-Direct Descendant Associate-Spouse Friend	DUES (check one): Life -Regular \$250.00 (Life - 3) Life-Associate \$250.00 Life-Friend \$250.00 Regular, Associate, or Children \$10.00 (To 18 yrs)	_Friend \$ 25.00 Ann	ually
PRINT or TYPE ONLY			
Name of Applicant(First)	(Middle)	(Last)	
Address (Street, Apartment)	(City)	(State)	(Zip Code)
Phone () () (Wo	E-mail		
Date of Birth (Month) (Day)	(Year) Place of Birth		
Immigrant Ancestor Only the Applicant, who is a direct descendant through the last generation that appears in the Internal through the Applicant:	nt, is required to complete the following ne <i>Georgia Salzburgers and Allied Famil</i>	g section. It is <u>necessar</u>	ry to complete this form
	Month Day Year	Place	State
2. The child of	•		
	Died		
	Married		
And his/her spouse	Born		
	Died		
3. Grandchild of	Down		
Granuciniu or	Born Died		
	Married		
And his/her spouse	Born		
	Died		
4 Court Court John of	D		
4. Great Grandchild of			
	Died Married		
And his/her spouse	Born		
	Died		
50 40 40 1171 6			
5. Great Great Grandchild of			
			
And his/her spouse	Married Rorn		
And morner spouse	Born Died		

Membership Application Information continued....

PRINT or TYPE ONLY

Revised 2023

		Wolldi	Day Year	Place	State
6. Great Great Great G	Frandchild of				
		Born			
		Died			
		Married			
And his/her spouse		_ Born			
		Died			
7. Great Great Great Grandchild of		Born			
	Died				
A J 1.2-/1	Married				
And his/ner spouse					
		Dieu	 -		
8. Great Great Great Great Grandchild					
		_ Died Married			
And his/her snouse		Rorn			
and marner spouse					
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Additional Information and/o	or Notes:		