



# 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 yrs)  Seniors \$100.00 (over 80 yrs)

Date \_\_\_\_\_

### PRINT or TYPE ONLY

Name of Applicant \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street, Apartment) (City) (State) (Zip Code)

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
(Home/Cell) (Work)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Immigrant Ancestor \_\_\_\_\_

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.

1. The Applicant: \_\_\_\_\_

	Month	Day	Year	Place	State
2. The child of _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____

3. Grandchild of _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____

4. Great Grandchild of _____	Born	_____	_____	_____	_____
_____	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____

5. Great Great Grandchild of _____	Born	_____	_____	_____	_____
_____	Died	_____	_____	_____	_____
	Married	_____	_____	_____	_____
And his/her spouse _____	Born	_____	_____	_____	_____
	Died	_____	_____	_____	_____

**Membership Application Information continued.....**

**PRINT or TYPE ONLY**

<b>Additional Information:</b>	Month	Day	Year	Place	State
<b>6. Great Great Great Grandchild of</b> _____	<b>Born</b>	_____	_____	_____	_____
	<b>Died</b>	_____	_____	_____	_____
	<b>Married</b>	_____	_____	_____	_____
<b>And his/her spouse</b> _____	<b>Born</b>	_____	_____	_____	_____
	<b>Died</b>	_____	_____	_____	_____
<b>7. Great Great Great Great Grandchild of</b> _____	<b>Born</b>	_____	_____	_____	_____
	<b>Died</b>	_____	_____	_____	_____
	<b>Married</b>	_____	_____	_____	_____
<b>And his/her spouse</b> _____	<b>Born</b>	_____	_____	_____	_____
	<b>Died</b>	_____	_____	_____	_____
<b>8. Great Great Great Great Great Grandchild</b> _____	<b>Born</b>	_____	_____	_____	_____
	<b>Died</b>	_____	_____	_____	_____
	<b>Married</b>	_____	_____	_____	_____
<b>And his/her spouse</b> _____	<b>Born</b>	_____	_____	_____	_____
	<b>Died</b>	_____	_____	_____	_____

**DOCUMENTATION**

***Georgia Salzburgers 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  
 2980 Ebenezer Road  
 Rincon, Georgia 31326

If you need assistance in completing form,  
 Contact: Debra Herrin, GSS Registrar  
 Email: [gssdebraherrin@gmail.com](mailto:gssdebraherrin@gmail.com)  
 or call (912) 657-5675

Signature \_\_\_\_\_

**Additional Information and/or Notes:**