



**THE GENEALOGY SOCIETY OF HERNANDO COUNTY
MEMBERSHIP APPLICATION/RENEWAL**

Name (M____) _____ Maiden Name _____

Street/P.O. Address _____ Telephone # _____

City _____ County _____ State _____ Zip-+4 _____

E-mail address: _____ NEW Member _____ RENEWAL _____

Membership period **January - December**. Please make check payable to The Genealogy Society of Hernando County or **GSHC** and mail to P.O. Box 1793, Brooksville, FL 34605-1791

____ **Individual \$15** ____ **Family (husband/wife) \$20** ____ **Associate (out-of-town only) \$12**
____ **New members only: July-December 1/2 annual fees**

-NEW MEMBER INFORMATION-

SURNAMES

LOCATION, TIME

SURNAMES

LOCATION, TIME
