Print the form and mail it with you check to:

Clay County Genealogical Society, Inc. 309 West Main Street; P. O. Box 56 Center Point, IN 47840-0056

Membership Form

Name:	1	Phone ()	
Address:			
City:	State:	Zip:	+
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	ip: Individual \$20.00 _	Family \$25.00	Benefactor \$30.00
Do you wish to receive qu	arterly newsletters by:		
	regular mail or	email	
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Your membersl	nip dues help keep the library	open. Thank you	for your support.
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Remember to check our website periodically, to see if new information has been added.