



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)

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)

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

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 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

P.O. BOX 1629

Rincon, Georgia 31326-1629

If you need assistance in completing form,

Contact: Debra Herrin, GSS Registrar

Email: gssdebraherrin@gmail.com

or call (912) 657-5675

Signature _____

Additional Information and/or Notes: