



Application Form for IGS Chapter Affiliation

Society's Name: _____

Society's Address: _____

City: _____ State: _____ Zip: _____

Name of Society's Contact Person: _____

Contact Phone Number: _____

Contact E-mail Address: _____

List Society's Members (10) Who Are IGS Members: (please print or type)

1) _____ 6) _____

2) _____ 7) _____

3) _____ 8) _____

4) _____ 9) _____

5) _____ 10) _____

Signature of Society's President: _____

Printed Name of Society's President: _____

Today's Date: _____

Send to: Please send your completed application form to:

Chapters Manager

Indiana Genealogical Society

P.O. Box 10507

Ft. Wayne, IN 46852-0507

The IGS Board of Directors will act on this application at the next available quarterly board meeting. Your society will be contacted as soon as possible after the board meeting. Thank you!