



# Gourdin-Gourdine Family Association

## MEMBERSHIP FORM

Date: \_\_\_\_\_ Gourdin-Gourdine Branch Descendent of: \_\_\_\_\_  
(Optional)

Mr./Mrs./Ms. \_\_\_\_\_  
Applicant Full Name (Include maiden if applicable)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_  
(Optional) (Optional) (Optional)

Birth: Date \_\_\_\_\_ Year \_\_\_\_\_ Place \_\_\_\_\_  
DD/MMM YYYY (Optional) City/State

**Your membership includes:**

Membership card, quarterly newsletters, and voting right at the family reunion business meetings.

**Membership Type** (Check one):

Individual (1 year) \$15.00  Household\* (1 year) \$20.00

Individual (2 years) \$25.00  Household\* (2 years) \$35.00

\*List full name of Household members: \_\_\_\_\_

List Gourdin-Gourdine Linage as far back as you can (Parents, Grand Parents, Great-grand Parents, etc...) \_\_\_\_\_

Comments (Optional) Include Special occasion dates like anniversary date/year or family fact: \_\_\_\_\_

**Make checks /money orders payable to: Gourdin-Gourdine Family Association**

**Return form to:**

Gourdin-Gourdine Family Association  
**Attn: John R. Gourdin, GGFA Treasurer**  
**P.O. Box 5260**  
**Florence, SC 29502**