

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):

- | | |
|---|---|
| <input type="checkbox"/> Individual (1 year) \$15.00 | <input type="checkbox"/> Household* (1 year) \$20.00 |
| <input type="checkbox"/> Individual (2 years) \$25.00 | <input type="checkbox"/> 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: Jacqueline Rose, GGFA Treasure
P.O. Box 6036
Columbia, MD 21045

(Reproduce as needed)