

PELLISSIPPI GENEALOGICAL & HISTORICAL SOCIETY
MEMBERSHIP APPLICATION

Date _____

Name _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Phone Number {Area Code} _____

E-Mail address _____

I prefer my Newsletter distribution by E-mail _____ or
U.S. Postal _____

Please check the type of Membership & Researcher You Prefer:

Individual, or Family {\$16.00} _____ Beginner _____

Professional {\$16.00} _____ Intermediate _____

Sustaining {Min. \$25.00} _____ Advanced _____

Please make you check payable to the Pellissippi Genealogical &
Historical Society with Application to: Pellissippi Genealogical & Historical Society
Clinton Library, 118 South Hicks Street, Clinton, TN. 37716

P.G.H.S. Members indicate which committees would like to serve on:

Newsletter ___ Publicity ___ Membership ___ Fund-raising ___ Bulletin ___ Activities ___
Programs ___ Typing ___ Journal ___ Library ___ Special Projects ___ Workshop ___

List Family Surnames You Are Researching and Location:

SURNAMES _____ COUNTY, STATE/COUNTRY _____

Back issues of Pellissippi \$4.00 each--\$16.00 for the year--10 Newsletters
Regular Meetings: 7:00 P.M. 4th Thursday of each Month, January--October

Membership Chaiman

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