



German-Acadian Coast

Historical and Genealogical Society



MEMBERSHIP APPLICATION

mail to:
GACHGS
P.O. Box 122
Vacherie, LA 70090

- print, complete, and mail this application to the above address OR
- complete and e-mail to president@gachgs.com
- have this application processed by the membership committee and remit the appropriate dues, confirmation of approved application will be sent via email.
- Checks to be made payable to: GACHGS or pay online at <https://gachgs.myshopify.com/collections/membership>

I hereby submit my application for membership in the GACHGS, which also includes a subscription to the Society's publication *Les Voyageurs*. I hereby give permission to the Society to publish such information to further the goals of the society.

Signature of Applicant

Today's Date

This application is for the current calendar year; therefore, you will receive three issues of *Les Voyageurs* (March, June & September). GACHGS uses a bulk mailing permit; therefore, if you subscribe between issues, you must wait until the next scheduled mailing to receive your journal. Please indicated the membership plan and subscription service you prefer for Jan 1—Dec 31, 2024

I am applying for the following membership:
(Please check below)

<input type="checkbox"/>	\$30 – Individual (U.S. mailing address)
<input type="checkbox"/>	\$35 – Family (U.S. mailing address)
<input type="checkbox"/>	\$45 – Individual (International mailing address)
<input type="checkbox"/>	\$50 – Family (International mailing address)
<input type="checkbox"/>	\$30 – International (e-mail address via PDF only)

I would like to receive *Les Voyageurs*:
(Please check below)

<input type="checkbox"/>	Printed Copy (via USPS only)
<input type="checkbox"/>	Digital PDF (via E-Mail only)
<input type="checkbox"/>	Both (Printed & Digital Copies)

Name: _____

Member 1 [First, Middle/Maiden, Last]

Name: _____

Member 2 (If Family Membership) [First, Middle/Maiden, Last]

Mailing Address: _____

City: _____ State: _____ ZIP: _____ COUNTRY: _____

Phone Numbers (write N/A if not applicable): *USE AREA CODE* Home: _____

Cell: _____ Cell: _____

Member 1

Member 2 (If Family Membership)

E-Mail Address: _____

Member 1

E-Mail Address: _____

Member 2 (If Family Membership)

I would like to make a financial donation in the amount of \$_____ in addition to my annual membership.

Check # _____ **TOTAL AMOUNT ENCL \$** _____

OPTIONAL

If you would like to have the surnames you are researching or your genealogical or historical topic of interest published, along with your address and/or email on the GACHGS website, please complete this form. This is completely optional. If your dues are not paid, and you do not renew membership, this information will be removed automatically from our website. If you choose to renew your membership and you decide you'd like to remove this information from the Internet or you would like to alter your information, please print this form again and mail to:

- 1. Membership Number: _____ (THIS NUMBER WILL BE ASSIGNED TO YOU)
- 2. Name: _____
- 3. Home Address: _____
- 4. City/State/ZIP: _____
- 5. (OPTIONAL) Email: _____

6. You must complete one of the below or both:

Historical/Genealogical Research Topic of Interest:	
Surnames being researched: (you can list between 1 and 16 surnames only)	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.

Please check whichever applies.

- I give permission to publish the information on page 2 of this application on the GACHGS website. I understand the above rules.
- I currently have information on the GACHGS website at this time; I would like to remove this information from the GACHGS website.

Signature

Date