

CZECH & SLOVAK AMERICAN GENEALOGY SOCIETY OF ILLINOIS

Membership Application/Renewal Form **2024**

MEMBERSHIP YEAR: **January 1, 2024 through December 31, 2024**

PLEASE PRINT LEGIBLY

Date: _____

() New () Renewal--Membership # _____ () Address Change () E-mail Address Change

NOTE: Those joining between October 1, 2023 and December 31, 2023 will begin their membership immediately and will not expire until December 31, 2024.

Student (under 18) \$12____ (**Digital ONLY**)* **Individual** \$25____ (**Digital**)* **Individual** \$40____ (**Mailed**)
Family (3 person limit, same address) \$30____ (**Digital**)* **Family** (3 person limit, same address) \$45____ (**Mailed**)
Institution \$30____ (**Digital ONLY**)*

Members may renew for a maximum of 1 year ONLY (prepaid dues are not refundable).

***For Digital Memberships, the Koreny will be emailed to you. Please include a valid email address. Postage will be 1st Class for mailing.**

NAME(S): _____ (Female Maiden Name) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____ + _____

PHONE: _____ E-MAIL ADDRESS: _____

() Gift Membership (choose a category) From _____ Occasion _____

If you wish to make an ADDITIONAL DONATION, we are a 501 (c) (3) organization:
Sponsor Gift \$ _____ (Extra supporting gift may be matched by some employers.)

Check here to request letter for income tax purposes _____

CSAGSI does not sell or share membership information with non-members.

TOTAL AMOUNT ENCLOSED \$ _____

Please send check or money order with completed form (payable to **CSAGSI**) to:
Dolores Benes Duy, CSAGSI, PO Box 313, Sugar Grove, IL 60554-0313
Questions?-Email info@CSAGSI.org

You may also sign up through our website at www.CSAGSI.org (Check, Credit or Debit Card)

FOR OFFICE USE ONLY

Date Rec'd _____ Am't. Rec'd _____ Check # _____ Check Date _____