

Application for Membership

Name:	
I am a current member of the Association of Professional Genealogists National (APG) with dues paid through, an apply for membership in the New Jersey Chapter of APG (hereinafter referred to as "Chapter"). I have read and subscribe to the by-laws of the Chapter. I understand that annual chapter membership is \$20.00 and is valid through December 31 st of the current year.	
	Signature:
☐ New Member ☐ Renewal	
Address:	Apt:
City:	State: Zip + 4:
Telephone:	Email:
*If selecting a multi-year membership, note	or PayPal Number of Years (circle choice): 1 2 3 e that national membership must be in good standing at all times.
services. This directory will be maintained	·
Yes, I want my information to be inc	cluded on the NJ-APG website
Are You Currently Accepting Clients?	vaa 🗖 Na
	Yes D No
Business Address:	Business Telephone:
Business Email:	Website:
Areas of Expertise/Specialty:	Regions:
Services:	
I am interested in volunteering with the C	Chapter in the following capacity:
☐ Programs ☐ Publicity ☐ Member	rship Technology (website & mailing list) Not sure, but I want to help!
Please return this form with payment via NJ-APG Chapter	PayPal to njapgchapter@gmail.com or via check to:
c/o Jean Pellicane	
430 W. Hill Road	
Glen Gardner, NJ 08826	
For Chapter Hea Only	
For Chapter Use Only: Dues Received:://	Membership Year:
Dues Received::// Application Scanned & Added to DropBox: _ Membership Dues Acknowledgement Sent b	
Date added to NJ-APG Mailing List:/_ Date added to online Chapter Member Direc	
Date added to online Chapter Member Direct Date invited to NJ-APG Facebook group & Go	.tory:/ pogle+ Community: :/