

CGN - APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Email Event Reminders to you? ___Yes ___No

Voluntary Information

Indicate your membership in similar organizations (genealogy, etc.)

Interests in Gravestone Studies: Check if applicable:

Restoration _____ Carvers _____ Genealogy _____ History _____

Can you help with publicity? ___Yes ___No

Details: _____

Facility for meeting available to you? ___Yes ___No

Details: _____

Nearby Cemeteries to you (list)

If a new member - Where did you hear about CGN?

Let us know about your basic interests in gravestone studies or suggestions that might help to support our objectives.

It would help us organize programs throughout Connecticut if anyone having an association has to a facility that we could use for an occasional meeting or event with our group. If you do, please let us know. We are also looking for co-sponsor support to promote our annual symposium efforts.

If there is a tour or other related activity that you could offer to help in our sharing efforts, please include a description _____

Other Comments:

Annual Dues are \$10.00

Please make your check payable to "CGN" and send it with this application to:

CGN c/o Ruth Shapleigh-Brown, 135 Wells Street, Manchester, CT 06040 - 6127