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**PERSONAL INFORMATION**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_  
Spouse (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_ Tel: \_\_\_\_\_  
e-mail: \_\_\_\_\_

*NB: Your email gives us the permission to send you our news via the Internet.*

**Researched names:**

**Help with your research**

**Would you like us to add your name, e-mail address and researched names to our web site?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**Membership fee**

Please indicate the type of membership you would like.

Yearly individual (\$30)	\$ _____
Yearly Couple (\$40)	\$ _____
Life time individual (\$275)	\$ _____
Lifetime couple (\$375)	\$ _____
Donation	\$ _____
Total	\$ _____

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All information will be kept confidential.

<p><i>For office use:</i> Date rec'd _____ Check # _____ Card remitted _____ Rep: _____ Member # _____</p>
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