POLISH GENEALOGICAL SOCIETY OF TEXAS
MEMBERSHIP APPLICATION

Annual Dues are **$20.00** per calendar year. Dues received after November 1 will apply to the following year. Please mail application and check to:

PGST, 2627 South Cherry Street Apt. 369 Tomball, TX 77375

Name _____
First Middle Last

Spouse _____
First Middle or Maiden Last

Address _____
Number Street

_____
City State Zip

Phone ( ) _____ List phone number on membership roster: **Yes No** (circle)

Email Address _____

Web Site _____ Listed on PGST Site

PGST SURNAME INDEX

Polish Family Name (include variations)	**Village or Area of Poland** (from which family originated)	**Town, County, and Year** (where family settled)

If this is a Gift Membership, please list your name here:

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