

The NATIONAL SOCIETY *of the* MADISON FAMILY DESCENDANTS

20__ Membership Dues Renewal Form

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Spouse: _____

Children Age 18 & Under: _____

Phone Numbers: Home () _____ Work: () _____ Cell () _____

Email Address: _____

Please indicate Yes or No, granting permission for the Society to print your address, phone number, and email address in a directory provided to active members:

- Yes
- No

Please check interests you would be willing to contribute time to:

- Newsletter Genealogy
- 2012 Reunion IT/ Website/ Internet
- Membership

Type of Membership:

- Single: \$35.00/year
- Family: \$50.00 per household/year
- Lifetime: \$600.00/once

Annual Membership is January 1 to December 31 each year.

Make check payable to *Nat'l Society of Madison Family Descendants* and forward to:

**Mr. A. Preston Moore, Jr. , Treasurer
15 Canterbury Road
Charlottesville, VA 22903**