

Membership Renewal Certification		
Last Name	First Name	Title
Street Address	City	State Zip
Phone Number	Email	
Primary Areas of Genealogical Interest		JGFF Number
Have You Ever Published Anything? Genealogy Yes No	/ Software Used	Can We Text to Phone # Provided? Yes No
Please List Any Skills That You Have To Share (language, writi	ing, computer, accounting, graphics, etc.)	
Is There Anything Else You Would Like To Have Associated W	ith Your Membership Detail?	Number of Family Members known to have Perished in the Holocaust
	a calendar year basis. If you join midyear, d e terms of membership, taken fr	· · · · · · · · · · · · · · · · · · ·
community. Please offer proof, contributions that may be consi	escribe below some way you enhanced such as a web reference for your contr idered include publishing in print or onli f interest such as tombstone photos, etc	ribution. Examples of valid ine, webpages, Pages of Testimony,
	Renewing Membership	
	annual dues that you would like s to pay dues. How much is up to you.	to contribute.
Please make checks payo	able to Jewish Genealogical Soc	eiety of Brooklyn
Jewish P.O. Bo Brookly	d form, along with your payment Genealogical Society of Brookly ox 100496 yn, NY 11210	yn
	olease also fax or email your ments ship@JGSoB.org For a complete list of our initiative.	(: (718) 535-7071

please visit our website at: www.JGSoB.org