



Ontario Genealogical Society 2017 Institutional Membership Form

(You can become a member either by mailing this form or by going on-line at ogs.on.ca. Click on the Join Us button.)

Institution _____
 Contact Name _____
 Address _____
 City _____
 Province/State _____
 Postal Code _____
 Telephone _____
 E-mail _____

Institutional Membership \$100

Amount for institution \$ _____
 Carry forward to page 2

Branch and SIG Membership (Circle your choice)

Brant County	\$12	London & Middlesex County	\$12
British Home Child SIG	\$5	Niagara Region	\$14
Bruce & Grey	\$12	Nipissing District	\$10
Durham Region	\$15	Ottawa	\$15
Elgin County	\$10	Oxford County	\$12
Essex County	\$12	Perth County	\$12
Halton-Peel	\$12	Quinte	\$10
Hamilton	\$15	Sault Ste. Marie & District	\$5
Huron County	\$15	Scottish SIG	\$5
Ireland SIG (Email only)	\$5	Simcoe County	\$13
Irish Palatine SIG	\$12	Sudbury District	\$11
Kent	\$15	Toronto (covers city area only)	\$12
Kingston	\$12	Waterloo Region (Email only)	\$4
Lambton County	\$12	Wellington County	\$12
Leeds & Grenville	\$15	York Region	\$10

Total amount for all branches \$ _____
 Add fees and carry forward to page 2

Donations

Charity Registration No. 11924 8680 RR0001 (BN)

OGS Investment Fund \$_____ ** For Investment donations, please fill out "Direction" below.

Unrestricted Donation \$_____

_____ Branch \$_____

Total amount of all donations \$_____

Do you wish your donations to be anonymous? Yes_____ No_____

Direction: (For Investment donations **only**. It is not needed for any other donation.)

I hereby irrevocably direct that the gift noted below (or any property substituted therefore) to the Ontario Genealogical Society Investment Fund, Registration No. 11924 8680 RR0001 (BN), be held for a period of ten (10) years, and that only the income from this capital amount be applied for its charitable purposes.

Amount of Gift: \$_____ ** ONLY the amount donated to the Investment Fund

Date of Gift: _____

Signature _____

FEE SUMMARY

Total amount for institution \$_____ (From page 1)

Total amount for all branches \$_____ (From page 1)

Total amount of all donations \$_____ (From above)

Total \$_____

_____ I require a paper copy of the Membership Card

Mail to: **The Ontario Genealogical Society**
202-2100 Steeles Avenue West
Concord, ON L4K 2V1

Phone: 416-489-0734

Toll-free: 1-855-MYROOTS (697-6687)

Fax: 1-855-695-8080

<https://ogs.on.ca>

Payment

For credit card security reasons we can no longer accept mail-in credit card information. Please enclose a cheque with your Membership form.

If you wish to pay by credit card please use our online service at <https://ogs.on.ca>.