

ESKRIDGE FAMILY ASSOCIATION
Membership Registration / Renewal Form

Please fill in the appropriate circles

- New Member
- Renewing Member
- New Address
- Individual Membership
- Husband&Wife
- Family Membership (**living at the same address**)

EFA Member's Name: _____
 Title First Middle (Maiden Name) Last

Address: _____
 City State Zip + 4

Home Phone: _____ Spouse: _____

Email: _____ Would you prefer email newsletter? Yes ___ No ___

If Family Membership, NAMES of family members at same address	RELATIONSHIP to member
_____	_____
_____	_____
_____	_____

- Dues are \$15 per year and entitle you to 2 newsletters and access to the EFA website future member pages.
www.eskridgefamilyassociation.org

- Enclosed is my check, payable to **Eskridge Family Association** covering:
 - Membership Dues for 2014, 2015, 2016, 2017, 2018 (circle all that apply) \$ _____
 - Initiation Fee (If you are joining for the first time, ONE time fee of \$10): \$ _____
 - I wish to make a donation to EFA for:
 - Research Project (English or US) \$ _____
 - Website Fund \$ _____
 - Unrestricted \$ _____
 - Honoring: _____ \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

- I am descended from Col. George Eskridge through his son/daughter _____ and through his grandson / granddaughter _____.
- I am still researching how I am connected to Col. George Eskridge.
- I have already sent my current family information to EFA to be forwarded to my Shepherd.
- I have included my family information with this application.
- I would be willing to volunteer my talents to help EFA.
 - Areas in which I could help: _____

Newsletters will have a date on the address label. This date indicates the year your dues are paid through.
Questions: frand412@gmail.com

Mail check and membership form to:	Eskridge Family Association Box 102 Ocean View, DE 19970
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