



Membership Application

Arizona Council of Professional Genealogists

Name: _____

Title/Postnominals: _____

Address: _____

Phone No.: _____ Fax: _____

Email: _____

Website: _____

Memberships: _____

Do you take clients: Yes No

Research Specialization: _____

Geographic Areas: _____

Biography (not to exceed 75 words) _____

Date: _____

The membership year runs from July 1 to the end of the following June. Please return form with \$5.00 (cash, or a check made out to the treasurer, Janna Larson) to:

Arizona Council of Professional Genealogists
14623 N. 49th Place, Scottsdale, AZ 85254-2207