

The Institute of Heraldic and Genealogical Studies
The School of Family History



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APPLICATION FOR ASSOCIATE MEMBERSHIP

Please print or type

FULL NAME

ADDRESS

DATE OF BIRTH..... TELEPHONE NUMBER

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Do you wish to receive the free monthly email newsletter regarding IHGS activities etc. YES/NO

STATE NUMBER OF YEARS INTEREST OR EXPERIENCE IN HERALDRY.....

GENEALOGY (AS AN AMATEUR).....

(AS A PROFESSIONAL).....

Do you wish to take a full-time, part-time or correspondence course of instruction in family history studies leading to the Institute's qualifications? YES/NO

I hereby apply for admission as an Associate of the Institute and agree to observe the regulations and to promote the honour and interests of the Institute.

DATE SIGNED

I enclose a cheque payable to TRUSTEES IHGS for the sum of £.....

Please debit my VISA/MASTERCARD by the sum of £

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PLEASE ENCLOSE A NOTE OF NAMES, PERIODS AND COUNTIES OF INTEREST TO YOU

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CLERK: Dr R.C.F. Baker, F.H.G.