

Member # \_\_\_\_\_

# Southington Genealogical Society, Inc.

Website: Southington Genealogical Society.org

E-mail: [southingtongenealogicalsociety@gmail.com](mailto:southingtongenealogicalsociety@gmail.com)

**June 1, 2026-May 31, 2027**

## APPLICATION FOR MEMBERSHIP OR RENEWAL

### Code of Ethics

In consideration of being accepted as a member(s) of the Southington Genealogical Society, Inc. and in order to protect the integrity of public records and library books, I am/we are ethically bound and hereby agree that:

- 1) I/we will research vital records for genealogical or historical purposes only;
- 2) I/we will treat with the greatest care and respect all public records and library books that may be available for my/our use;
- 3) I/we will respect the privacy of the individuals whose information I/we encounter in research;
- 4) I/we will respect the custodians of the records.

This pledge is freely made by me upon penalty of forfeiting my membership in the Southington Genealogical Society, Inc.

\_\_\_\_\_  
Signature of Applicant (1)

\_\_\_\_\_  
Signature of Applicant (2)

Full Name of Applicant (1) (Please print) \_\_\_\_\_

Full Name of Applicant (2) (Please print) \_\_\_\_\_

Street Address \_\_\_\_\_ Mail Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE CHECK:**  **NEW APPLICATION**  **RENEWAL**

1st Applicant \$10  1st & 2nd Applicants in same Household \$15  Youth (10-17) \$5

Make checks payable to : **Southington Genealogical Society, Inc.**

Remit to: **Sheila Lafferty, SGS Treasurer, 46 Stonehenge Pl, Watertown, CT 06795**

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For office use only :  Email List  Membership List

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_ Membership Number: \_\_\_\_\_

(Rev. 04/2025)