M	attesoi	n Hist	orical Co	ongress	s of A	merica	- Meml	pership Application		
				*Required Fi	ields Hav	e Red Borders				
	*Date			New	New Renewal			Change of Address/Info		
Yearly	: Indivi	dual \$	12 (One N	ewsletter,	One '	Vote) I	Oouble \$ 2	20 (One Newsletter, Two Votes)		
Lifetime	: Indivi	dual \$1	50 (One No	ewsletter,	One V	/ote) I	Double \$2	00 (One Newsletter, Two Votes)		
		Note: T	his informa	tion is for	Genea	logical and	l Administ	rative use <u>only</u> .		
	171		2514	14						
	*First Name Middle			lle	*Last Name			*Date of Birth		
*Address				ss				email		
	*City			*Sta	*State *Zip			*Place of Birth		
Spouse's Birth Name						C	hildren	ren		
My Line	My Line to Henry: Name			Born	Married	Died	Spouse's Birth Name(s)			
	Parent									
Gr	andparent									
Great Gr	andparent									
G ² Gr	andparent									
G³ Gr	andparent									
G4 Gr	andparent									
G5 Gr	andparent									
G6 Gr	andparent									

Matteson Historical Congress of America - Membership Application (continued)

My Line to Henry:	Name	Born	Married	Died	Spouse's Maiden Name(s)
G ⁷ Grandparent					
G8 Grandparent					
G ⁹ Grandparent					
G ¹⁰ Grandparent					
G ¹¹ Grandparent					
G ¹² Grandparent					
G ¹³ Grandparent					
G ¹⁴ Grandparent					
G ¹⁵ Grandparent					

I would like to work with other members on Ge	Yes	No		
I would like to serve the Congress as:				
I would like help with my Genealogy research	Yes	No		

*Membership in the Matteson Historical Congress of America is open to all presumed Henry Matteson descendants who are at least 16 years of age, their spouses and their children.

Either fill in the fields on your computer then "print" or "print" blank and fill in by hand. Then mail with a check payable to:

"The Matteson Historical Congress of America"

Bill MacIndoe, Treasurer MHCoA 220 Austin Farm Rd. Exeter, RI 02822

