



Wingfield

FAMILY SOCIETY

WFS MEMBERSHIP FORM

Primary Contact FIRST NAME:	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS	Primary Contact LAST NAME:	
Spouse Name:	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS		
Street Address:			
City:		State & Zip:	
Phone Number:		Email Address:	
Birthday(s):	Primary Contact:	Spouse:	
Skills, knowledge, experience that could help assist the Wingfield Family Society and its projects:			
New or Renew?	New Member? <input type="checkbox"/> Yes	Renew Membership: <input type="checkbox"/> Yes	
Membership:	<input type="checkbox"/> One year Wingfield Family Society Membership — USD \$25 (e-mail newsletter) <input type="checkbox"/> Five year Wingfield Family Society Membership — USD \$100 (e-mail newsletter)		
Donation:	<input type="checkbox"/> I'd also like to make a donation of: \$_____ to the Wingfield Family Society <input type="checkbox"/> Restricted to Edward Maria Wingfield Endowment Fund <input type="checkbox"/> Restricted to St. Mary's, Letheringham, Suffolk, England <input type="checkbox"/> Restricted to Wingfield Y-DNA Project		
Payment Method:	<input type="checkbox"/> Check Please write your check out to the Wingfield Family Society	<input type="checkbox"/> Online Go to wingfieldfamilysociety.org/society/membership/ to become a member quickly and securely online	<input type="checkbox"/> Credit Card See below
Credit Card Information:	CARD NUMBER:		
	NAME ON CARD:		
	EXPIRATION DATE:	CCV:	

Please mail this form along with your payment to the Wingfield Family Society:

Barbara Cortino, 1124 Van Buren Ave, Des Plaines, IL 60018

Thank you for your support of the Wingfield Family Society!