

The Society of the Descendants of the Schwenkfeldian Exiles



APPLICATION FOR MEMBERSHIP

*I hereby make application for membership in the
Society of the Descendants of the Schwenkfeldian Exiles and enclose:*

- ___ FIFTEEN DOLLARS (\$15) for Descendant/Associate Membership
___ THREE HUNDRED DOLLARS (\$300) for Descendant/Associate Life Membership.

Name in Full: _____

Date of Birth: _____

Address: _____

City: _____ **State/Zip:** _____

E-Mail Address: _____

How did you learn about us? _____

If Descendant , please complete Items 1, 2, and 3

1. Name of parent, grandparent, etc. through whom Schwenkfelder descent is claimed (please list lineage back to Genealogical Record of the Schwenkfelder Families)

2. Name of immigrant ancestor through whom Schwenkfelder descent is claimed

3. Page in Genealogical Record of the Schwenkfelder Families where family record is found (if known)

Please return with applicable dues to:

Schwenkfeldian Exile Society
Schwenkfelder Library and Heritage Center
105 Seminary Street
Pennsburg, PA 18073-1898