

SOULE KINDRED IN AMERICA, INC
GIFT MEMBERSHIP FORM

As a member of Soule Kindred, your gift recipient will be part of a vibrant online community of cousins, receive the Soule Kindred Quarterly Newsletter, obtain assistance with his/her Soule lineage, and be invited to attend Soule Kindred Reunions.

YOUR NAME _____

YOUR ADDRESS _____

YOUR CITY _____ STATE _____ ZIP _____

YOUR TELEPHONE _____ E-MAIL _____

MEMBERSHIP CATEGORIES—SELECT ONE

- | | |
|--|--|
| <input type="checkbox"/> Life Membership \$1,000 | <input type="checkbox"/> Regular \$35 per year |
| <input type="checkbox"/> Sustaining \$100 | <input type="checkbox"/> Youth (to age 22) \$15 per year |
| <input type="checkbox"/> 5-Year Membership \$150 | |

Gift Recipient Information

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL _____

SOULE LINEAGE (if known): _____

Sample: George, Nathan, John, Asa, Mary (Soule) Smith, Adele (Smith) West, Joshua West... [PLACE MAIDEN NAMES IN PARENTHESES.] If your gift recipient needs assistance with his/her lineage, contact familytree@soulekindred.org.

WE'D LIKE TO KNOW ABOUT YOUR GIFT RECIPIENT'S INTERESTS:

- | | |
|---|--|
| <input type="checkbox"/> Learning about his/her Soule ancestors | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Mayflower Registry | <input type="checkbox"/> Meeting Cousins |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Annual Reunion |
| <input type="checkbox"/> Facebook | |
| <input type="checkbox"/> Other _____ | |

...AND HIS/HER TALENTS:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Database Systems | <input type="checkbox"/> Webmaster | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Archives | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Genealogy | <input type="checkbox"/> Travel Expert | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Special Events | <input type="checkbox"/> Research | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other _____ | | | |

Would he/she be interested in serving on a Committee? If yes, on which one?

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Genealogy | <input type="checkbox"/> Reunion | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Website |

SEND GIFT MEMBERSHIP FORM & CHECK TO:

Soule Kindred in America, Inc. c/o Andrew Turner 7331 E. Rocky Creek Pl., Tucson, AZ 85750

or

YOU CAN APPLY FOR OR RENEW A GIFT MEMBERSHIP ONLINE AT: www.soulekindred.org

(Refer to your membership renewal letter for instructions.)