

MEMBERSHIP APPLICATION FORM

Yes, I want to join/renew the Graves Family Association as indicated below (individual and family memberships are the same):

- **Annual** membership, \$20.
- **Sustaining** membership, \$40/year (or more). An opportunity to provide extra support.
- Plus _____ additional future years @ \$20/year (or \$40/year for sustaining)
- Sign me up for **Life** membership @ \$600 one-time (no longer any age limitation)

My Graves/Greaves/Grave/Grieve ancestry is as follows. Show your descent from your earliest known Graves ancestor. Use separate sheet if necessary. (Not necessary for renewal.)

Your Name

Address

Phone _____

E-Mail Address _____

Other Graves descendants who may be interested in the Graves Family Association (be sure to include their addresses)

Please remit in U.S. dollars, make checks payable to GRAVES FAMILY ASSOCIATION, and send to: Kenneth V. Graves, 20 Binney Circle, Wrentham, MA 02093.

For **Non-U.S. payers**, please send check drawn on U.S. bank, **Postal Money Order**, or **International Money Order** in **U.S. Dollars**.

Any payment can also be made online via PayPal by going to <http://www.paypal.com> and sending payment to the Graves Family Association at gfa@gravesfa.org.