

# New/Renewal Membership Form



Members are the foundation of this organization. Trønderlag could not exist without you. To become a member or renew your membership, please complete (print) the following information. Tusen takk!

Membership Expiration Date: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Mail to:*

**Trønderlag Membership**  
**10100 Cypress Cove Drive #472**  
**Fort Myers, Florida, FL 33908**  
**treasurer@tronderlag.org**

Email my newsletter when this option is available:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**I/we would like to join or renew my/our membership:**

- One year: \$12.00 /individual or couple
- Two years: \$22.00
- Three years: \$30.00
- Life Membership \$200.00

Canada: \$13.00 per year

Norway \$15.00 per year

**I/we wish to make an additional donation to:**

- Genealogy Fund \$ \_\_\_\_\_
- General Fund \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

In memory of \_\_\_\_\_

*Trønderlag is an IRS recognized 501(c)(3) organization*

**My Trøndelag ancestors came from:** \_\_\_\_\_

**I/we wish to give a gift membership:**

Gift from: \_\_\_\_\_

Gift to: \_\_\_\_\_

Address to send gift: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

My Membership	\$ _____
Gift Membership	\$ _____
Donation	\$ _____
<b>Total Enclosed</b>	<b>\$ _____</b>

My **check**, made payable to Trønderlag of America, is enclosed. Payment must be made in U.S. dollars.

I would like to pay with a credit card. I understand that I will receive an invoice sent to my email address from **PayPal**.