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Kieffer Family Association Membership Application

This is my application for membership in the Kieffer Family Association. PLEASE PRINT!

Name: _____

Address: _____

City and State _____ Zip Code _____

Phone Number: (____) _____

Fax Number: (____) _____

E-Mail Address: _____

My interest in the Kieffer Family Association: ____ Relative ____ Genealogist ____

Historical Society/Museum

My Kieffer Family connection: _____

____ New Application ____ Renewal Application

Membership is from January 1st to December 31st and is \$15.00 per year. If you join mid-year, you need only pay for the remainder of the calendar year and then renew in January of the next year. Fill out the information above (**only if you have not filled out before**), and send it with a check — written

to Kieffer Family Association — to: Bob Espinosa
Kieffer Family Association
28 Paul Street
Danbury, CT 06810