

# Application For Membership

(to be completed by a Huntington descendant)

**Return to: Huntington Family Association**  
**Charles A. Huntington, Jr.**  
**8423 S. Mansfield Ave.**  
 Burbank, IL. 60459-2532

**Membership: Annual (\$10.00):** \_\_\_\_\_ **Life (\$100.00):** \_\_\_\_\_ **Date:** \_\_\_\_\_

YOUR FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_ FAMILY ID (IF KNOWN) \_\_\_\_\_

SPOUSE'S FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DEATH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ MARRIAGE DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_

YOUR FATHER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DEATH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_

YOUR MOTHER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DEATH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NUMBER OF CHILDREN IN YOUR PARENT'S FAMILY \_\_\_\_\_ WHICH CHILD NUMBER ARE YOU \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

YOUR HUNTINGTON GRANDPARENT'S FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DEATH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_

YOUR SPOUSE'S FATHER'S FULL NAME \_\_\_\_\_ YOUR SPOUSE'S MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

YOUR CHILDREN: FIRST & MIDDLE NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_ DEATH DATE \_\_\_\_\_ CITY/STATE \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Order Blank For HFA Publications

Send check or money order to: Charles A. Huntington, Jr., 8423 S. Mansfield Ave., Burbank, IL. 60459-2532. Make it payable to the "Huntington Family Association".

	Quantity	Cost
<b>1915 Genealogical Memoir</b> (\$70.00 for members, \$80.00 for non-members) . . . . .	_____	_____
<b>1st Supplement</b> (1962) (\$46.00 for members, \$56.00 for non-members) . . . . .	_____	_____
<b>After Three Centuries</b> (\$20.00 for members, \$30.00 for non-members) . . . . .	_____	_____
<b>2001 Keychain</b> \$5.00 or 2 for \$8.00 . . . . .	_____	_____
<b>2006 Reunion Mug</b> \$7.00 or 2 for \$10.00 . . . . .	_____	_____

*Prices include shipping and insurance. Please allow 4 - 6 weeks for delivery. Overseas orders are extra. Write to get the cost of the additional postage.*

**Send to:**

**NAME . . . . .:** \_\_\_\_\_

**ADDRESS . . . . .:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

APT. or SPACE #: \_\_\_\_\_

Prices good thru 6/30/2009