



Membership Application

If you would like to join the Society, please print out this page, fill in the information below, and mail along with a check for \$20 (optional: \$25 if you wish to receive a Timen Stiddem Society lapel pin with your membership) made payable to The Timen Stiddem Society to:

Kay Wootten-Schechinger
TSS Membership Secretary
209 E. State Street
Millsboro, DE 19966

I would like to join The Timen Stiddem Society as a **Descendant Member** (check box at left).

My known descent from Dr. Timen Stiddem is: _____

You may enclose any documentation you have showing your lineage, or simply name your ancestors by generation back to Dr. Stiddem. The Society's historian will determine your eligibility for this classification. Use separate sheet if necessary.

I would like to join The Timen Stiddem Society as an **Associate Member**. I have an interest in this family's history, but don't knowingly descend from Dr. Timen Stiddem (check box at left).

Name: _____

Address: _____

City, State, Zip: _____

Phone (optional): _____

Email Address (optional): _____

