



AFRO-AMERICAN HISTORICAL AND GENEALOGICAL SOCIETY, INC.

P. O. Box 92685, Atlanta, GA 30314

www.aaahgs.org

MEMBERSHIP APPLICATION

(This application may be duplicated)

Please print or type all information. Missing information and/or an incomplete application causes a delay in the processing of your membership. MEMBERSHIP IS ONLY GRANTED AFTER ALL FEES ARE PAID.

Check the AAHGS Membership categories for which you are submitting fees. You have the option of paying for multiple years. See bottom of application for payment options.

DATE _____

- Individual \$35/year
 Family \$40/year
 Organization \$45/year
 Life Membership (individuals only) \$1,000 (may be paid in three installments within a 3 year period)*

Amount enclosed _____ payment for year _____ (membership year is from January 1 to December 31)

- New member¹
 Renewal² include Membership #: _____

PRINT ALL INFORMATION CLEARLY. (DO NOT LEAVE BLANK)

Name: _____

Family membership only, full name of one family member: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

- Check here if this is a new address:

Please read and complete the information below:

AAHGS Chapter to which you pay dues if applicable. _____

I am Interested in joining a chapter? Yes ___ No ___

I am interested in being contacted for a special project. Yes ___ No ___

Check here to grant permission to the Afro-American Historical and Genealogical Society (AAHGS) to release your contact information to AAHGS approved initiatives.

Indicate Your Payment Method:

- Check/Money Order payable to **AAHGS**

- Credit Card: American Express, Discover, Master Card or Visa

Credit Card Number _____

Expiration Date (mm/yyyy) _____

Name as written on credit card: _____

Mail to: AAHGS-Membership; P. O. Box 92685, Atlanta, GA 30314 (Applications and checks mailed to any other address incur significant delays in processing)

¹First time member applications received before September 1 will receive the next scheduled AAHGS Journal and Newsletters and all subsequent issues for the current calendar year. First time member applications received after September 1 are granted membership through December 31 of the next calendar year and will begin receiving the Journal and the AAHGS' newsletters with the next scheduled mailing of the New Year.

²Renewal applications received after January 31st will begin receiving the Journal and the AAHGS Newsletters starting with the next scheduled mailing.

*Life Membership payments must be completed within three years of the initial payment

There is a \$35.00 fee for all returned checks.

Allow 7-14 days for processing after receipt of your application by Membership Services

Do not remove: This section for office use only: ID#: _____ N R REN _____

FRD: _____ DMR: _____ DDE: _____ DME: _____ Notes _____