

Afro-American Historical and Genealogical Society, Inc.

Metro Atlanta Chapter Membership Application

Membership in the National Afro-American Historical and Genealogical Society, Inc. is required in order to join a local chapter.

___ National Membership# _____ or
 ___ National Membership dues submitted as of date: _____

Please PRINT or TYPE all information (This form may be duplicated). Date _____

Membership categories and yearly rates (please check appropriate box):

___ Individual - \$20.00; ___ Silver Legacy (age 72) - \$15.00; ___ Golden Legacy (age 77+) \$0.00
 ___ Family - \$25/year ___ Organization - \$35.00/year ___ Youth (age under 18 - \$10.00/year)

Amount enclosed \$ _____

___ New ___ Renewal (Fees due each year by Dec 15)

For Membership Year _____ (Membership year is from 1 Jan to 31 Dec)

Name _____

If family membership, one additional name: _____

Street _____

City/State/Zip _____

Telephone _____ Email _____ (Print clearly)

(May include my contact information on chapter membership roster) ___ Yes ___ No

Make checks payable to AAHGS-MA, P.O. Box 54131, Atlanta, GA 30308. AAHGS-MA is a nonprofit, 501(c) (3) tax exempt organization.

You are researching (use reverse side if necessary):

Post surname information to website Yes/No

SURNAME

STATE

COUNTY

CITY

i.e. Miller GA Decatur Bainbridge

Your level of expertise in family history research: ___ Beginner ___ Intermediate ___ Advanced