



AAHGS Metro Atlanta Chapter Membership Application and Renewal Form

Membership in the National Afro-American Historical and Genealogical Society (AAHGS) is **REQUIRED** in order to join a chapter. Our membership year is January through December.

Membership Type: NEW _____ RENEWAL _____ (National Membership No.): _____

Check One	Membership Category	Total For National + Chapter	National Dues	AAHGS-MA Chapter Dues	I'm Only Paying Chapter Dues Written Below (I've already paid dues to AAHGS National on this date: _____ via this payment method: _____)
	INDIVIDUAL	\$55	\$35	\$20	
	YOUTH (under 18)	\$45	\$35	\$10	
	FAMILY	\$65	\$40	\$25	
	SILVER (age 72-76)	\$50	\$35	\$15	
	GOLD (age 77+)	\$35	\$35	\$0	
	BUSINESS	\$80	\$40	\$40	

Make check or money order payable to **AAHGS-MA**. Mail payment and this completed form to: **AAHGS-MA, P.O. Box 54131, Atlanta, GA 30308**. AAHGS-MA is a nonprofit, 501(c) (3) tax-exempt organization. To pay via PayPal (which incurs a \$2.00 service fee), apply using the Online Form on our website's Membership page at www.aahgsatl.org.

Please print clearly.

Name _____

If Family Membership, one additional name: _____

Street or P.O. Box _____

City/State/Zip _____

Telephone _____ Email _____

AMOUNT ENCLOSED: \$ _____ Check Money Order Date: _____

YES NO AAHGS has my permission to release my contact information for AAHGS-approved initiatives.

I am researching:

SURNAME

STATE

COUNTY

CITY
