



# 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: _____)
	<b>INDIVIDUAL</b>	<b>\$55</b>	\$35	\$20	
	<b>YOUTH</b> (under 18)	<b>\$45</b>	\$35	\$10	
	<b>FAMILY</b>	<b>\$65</b>	\$40	\$25	
	<b>SILVER</b> (age 72-76)	<b>\$50</b>	\$35	\$15	
	<b>GOLD</b> (age 77+)	<b>\$35</b>	\$35	\$0	
	<b>BUSINESS</b>	<b>\$100</b>	\$60	\$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](http://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

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