



## 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 the following payment method: _____)
	<b>INDIVIDUAL</b>	<b>\$55</b>	\$35	\$20	
	<b>YOUTH</b> (under 18)	<b>\$45</b>	\$35	\$10	
	<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. [NOTE: Email us at [aahgsatlanta@gmail.com](mailto:aahgsatlanta@gmail.com) to let us know you've sent your application and/or payment by postal mail.] 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 "JOIN US" page at [www.aahgsatl.org](http://www.aahgsatl.org).

Please print clearly.

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:

<u>SURNAME</u>	<u>STATE</u>	<u>COUNTY</u>	<u>CITY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____