



Afro-American Historical and Genealogical Society of Memphis, TN
and the Mid-South

P. O. Box 771731, Memphis, TN 38177-1731

<http://www.aahgsmemphis.org>

Memphis Chapter Membership Application 2019

Please print or type all information. Missing information and/or an incomplete application causes a delay in the processing of your membership. The AAHGS annual membership dues expire on December 31st. Membership is only granted after all fees are paid. Membership in the AAHGS-Memphis chapter includes membership in the national AAHGS organization. **Your dues include both national and local fees.**

Check the AAHGS Membership categories for which you are submitting fees. Select one only:

- Individual (national+local) \$50/year Individual (local only, *with national already paid*) \$15/year
 Family (national+local) \$55/year Family (local only, *with national already paid*) \$20/year

Amount enclosed _____ for membership year January 1st to December 31 2019.

- New Member¹ Renewal² (Include national membership #) _____

Print or type all information clearly. (Do not leave blank)

Name:

Family membership only, full name of one *additional* family member:

Address:

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

- Check here if this is a new address

Please read and complete the information below: **AAHGS Memphis, TN and the Mid-South Chapter**

- Check here if you are interested in being contacted for a special project.
 Check here to grant permission to the Afro-American Historical and Genealogical Society (AAHGS) to release your contact information to AAHGS approved initiatives.
 Check here if you can accept an electronic version of the AAHGS Newsletter and Journal

Indicate Your Payment Method:

- Cash Check/Money Order payable to AAHGS-Memphis (Check # _____)

Mail to: AAHGS-Memphis, P. O. Box 771731, Memphis, TN 38177-1731

¹ First time member application received before September 1 will receive the next scheduled national AAHGS newsletters and all subsequent issues for the current calendar year

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

Date Received: _____ Received By: _____

Do not remove: This section for office use only:

ID# _____
FRD: _____ DMR: _____ DDE: _____ DME: _____
Notes: