

**AFRO-AMERICAN HISTORICAL & GENEALOGICAL SOCIETY, INC.
WILLIE LEE GAYH-TOWN CHAPTER**

Membership Application

PLEASE PRINT OR TYPE INFORMATION.

New Member **Renewal:** Membership Number: _____

Date: _____

Note: Membership in the National Society is a prerequisite for joining a local chapter.

Classes of Membership for **National and Local** (please check appropriate box)

Individual & Youth (18-25 years) \$55/year Life Member \$1,250.00
 Family \$65/year Organization \$75/year

Local Only (please check appropriate box) **Note: This only if you have already paid the National.**

Individual & Youth (18-25 years) \$20/year Life Member \$250
 Family \$25/year Organization \$30/year

Please print clearly or type information.

Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____ (day) _____ (evening)

Email: _____ Fax: _____

Family Membership additional names (including address, telephone and email) _____

Make checks payable to: **AAHGS-H-Town**

Mail to: **Melrita Taylor – 314 Ishmeal St., Houston, TX 77091**

Note: **AAHGS is a nonprofit, 501(c)(3) tax exempt organization.**

Note: Renewal fees are due by December 15 of each calendar year.

Note: A \$25.00 fee will be assessed for all returned checks.

FOR OFFICE USE ONLY:

Date Received: _____

Processed by: _____

Notes: _____