Afro-American Historical and Genealogical Society, Inc.

Montgomery County Maryland Chapter
500 N. Washington Street, P.O. Box 10284, Rockville, MD 20849
www.aahgsmocomd.org

MEMBERSHIP APPLICATION

(*This application may be duplicated*)

Please print or type all information. Missing information and/or an incomplete application causes a delay in the processing of your membership. The AAHGS membership is on a calendar year. The annual membership dues expire on December 31st.

Check the AAHGS membership categories for which you are submitting fees. You have the option of paying for multiple years.

☐ Local Dues $20/year   ☐ National Dues $35/year

Amount enclosed _____ for membership year January 1st to December 31st 20____

Print all information clearly (Do not leave blank)

Name:_____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

☐ Check here if this is a new address

Please read and complete the information below:

☐ AAHGS Chapter to which you pay dues, if applicable. <u>AAHGS MONTGOMERY COUNTY MARYLAND CHAPTER</u>

☐ I am interested in being contacted for a special project.   Yes _____   No _____

☐ Check here to grant permission to the Afro-American Historical and Genealogical Society (AAHGS) to release your contact information to AAHGS approved initiatives.

PAYMENT:

☐ Check/Money order payable to: <u>AAHGS Montgomery County Maryland Chapter</u>   Amount: $_____

Mail to: AAHGS Montgomery County– Membership, 500 N. Washington Street, P.O. Box 10284, Rockville, MD 20849

(*Applications and checks mailed to any other address incur significant delays in processing.*)

There is a $35.00 fee for all returned checks

Verified Members will have access to electronic versions of all AAHGS newsletters and journals upon completion of membership processing. Hard copies of AAHGS NEWS may be ordered at the rate of $24.00/year for 4 issues; hard copies of the AAHGS Journal may be purchased from Amazon.com for $30.00 per edition

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Do not remove: This section for office use only   ID#_____N_____R_____REN _____

FRD: _____   DMR: _____   DDE: _____   DME: _____

Notes:

Revised Mar 2024