

AAGHSC MEMBERSHIP APPLICATION AND CHANGE OF INFORMATION

Please **Print** all information.

Date _____ New () Renewal () Change () Institution ()

I hereby apply for membership in the **Afro-American Genealogical and Historical Society of Chicago, Inc.**
Please make check or money order payable to **AAGHSC**. The annual membership dues are \$20.00.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Check here () if you do not want to be included in the
AAGHSC's membership directory.

How did you learn about AAGHSC? _____

MAIL TO: AAGHSC

Email Address: _____

c/o Membership Committee

P.O. Box 37-7651

Date of birth: Month _____ Day _____

Chicago, IL 60637