## African American Club of Hernando County

## **MEMBERSHIP APPLICATION 2025-26**

Contact Information							
Name:							
Address:							
City:			State:		Zip:		
Cell:			Home Telephone:				
Email:							
Birthdate (MM/DI	Date (if married	1):					
Type of Membership  Please circle the type of membership you want							
General=\$60	Bronze=\$100	Silver=\$200	<b>Gold</b> =\$300	Platinum=9	\$400	Diamond=\$	600
<ul> <li>Silver Level Donation     \$200 = Includes Bronze Level + 1 Ticket to Scholarship Gala</li> <li>Gold Level Donation     \$300 = Includes Silver Level + ½ Page in Souvenir Journal</li> <li>Platinum Level Donation     \$400 = 1 Ticket to Scholarship Gala + 1 Yearly Dues + ½ Page in Souvenir Journal + Donations to Scholarship &amp; General Fund</li> <li>Diamond Level Donation     \$600 = 2 Tickets to Scholarship Gala + 2 Yearly Dues + Full Page in Souvenir Journal + Donations to Scholarship &amp; General Fund</li> <li>Payment Options</li> </ul>							
Check or money order made payable to African American Club of Hernando. Mail payment and application to: African American Club, P.O. Box 5203, Spring Hill, FL 34611							
> Zelle: aac.hcfl@gmail.com							
All memberships are due September 1 <sup>st</sup> . Portions of your dues may be tax deductible. Committees							
Please select the Activities Black History Pro		of your preferen	ce: Welfare 🔲		•	& Education acebook	
Emergency Contact							
Name:		Home Phon	e:	Cell:			
Your Unique Profile							
What is/was your	occupation?						
Where did you liv	<u>re before Florida</u>	a?					
Were you in the r	military, if so w	hich branch & ra	ank?				
Tell us anything e	else you would	like us to know	about you.				

We are a 501(c)3 organization registered with the IRS. Donations are tax deductible to the extent of the law under the club's 501(c)3 status.