

African American Club of Hernando County Membership Application

Personal Information

Name:

Address:

City:

State:

Zip:

Birthday (MM/DD)

Phone:

Cell:

Email Address:

Anniversary Date: (if married)

Type of Membership:

General = \$60
(\$70 after 11/1/2023)

Silver = \$200

Platinum = \$400

Bronze = \$100

Gold = \$300

Diamond = \$600

Please circle the type of membership you want. Write a check for your membership amount made payable to African American Club of Hernando. Mail check and this application to: **African American Club, P.O. Box 5203, Spring Hill, FL 34611**. You can also Zelle your dues by using **aac.hcfl@gmail.com**. All memberships are due September 1st.

Committees Participation (volunteers)

Please Select the Committee(s) of Your Preference:

Activities

Health & Welfare

Scholarship & Education

Black History Program

Refreshments

Website & Facebook

Emergency Contact

Name:

Phone:

Cell:

Your Unique Profile

What is/was your occupation?

Where did you live before Florida?

Were you in the military, if so which branch & rank?

Tell us anything else you would like us to know about you.