



AFRO-AMERICAN HISTORICAL AND GENEALOGICAL SOCIETY, INC. PRINCE GEORGE'S COUNTY MARYLAND CHAPTER

MEMBERSHIP APPLICATION

Please print or type **all** information. Missing information and/or an incomplete application causes a delay in the processing of your membership. The AAHGS annual membership dues expire on December 31st. Membership is only granted after all fees are paid.

Check the AAHGS Membership categories for which you are submitting fees. You have the option of paying for multiple years. See bottom of application for payment options.

- Local & National Individual Membership \$50/year (\$35 national + \$15 local dues)
- National Life Membership (individuals only) \$1,000 (may be paid in three installments within a 3 year period)*

Amount enclosed: _____ **for membership year January 1st to December 31st 2024**

- New member¹
- Renewal² include Membership #: _____

Print all information clearly. (DO NOT LEAVE BLANK.)

Name: _____ Today's Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

- Check here if this is a new address

Please read and complete the information below:

- Membership in AAHGS-PGCM Chapter**
- 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.

Please respond to the statement below:

I can accept an electronic version of the AAHGS Newsletter and Journal. Yes No

Payment to AAHGS-National (There is a \$35.00 fee for all returned checks.)

- PAYPAL** (preferred): use email treasurer@aaahgs.org
- Check / Money Order** payable to **AAHGS- National** Ck # _____
- Credit Card Payment:** Discover American Express Master Card Visa
Credit Card Number: _____ Expiration Date (mm/yyyy): _____
Name as written on credit card: _____

Mail to: AAHGS-National, P.O. Box 73067, Washington DC 20056-3067
(Applications and checks mailed to any other addresses incur significant delays in processing)

Payment to AAHGS-PGCM (no credit card payments):

- PAYPAL:** Use email pgcmtreasurer@yahoo.com
- Check / Money Order** payable to **AAHGS- PGCM** Ck # _____

Mail to: AAHGS-PGCM, P.O. Box 44252, Fort Washington, MD 20749-4252
(Applications and checks mailed to any other addresses incur significant delays in processing)

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.

**Life Membership payments must be completed within three years of the initial payment*

Allow 10-14 days for processing National Chapter Application after receipt by Membership Services

Do not remove: This section for office use only: ID#: _____ N R REN

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

Notes: _____