## **ASALH MEMBERSHIP APPLICATION**

## **Please Print**

Please complete this application and return it with your check to the membership chair at the following address Rita Smith, 415 Eagles Nest Lane Sarasota, FL 34243.

Checks are to be made out to I			
Date	New Membership: Renev	wal Membership:	
Name:			
Title (Abbr.):	Prefix: Suffix: Suffix:		
Address:			
City:	State:	Zip Code:	
Telephone: ( )	Cellphone:	( )	
Birth Month:	Email Address:		
Journal of African American H	istory viewing preference:		
Electronic (online):	Paper Back Copy: 🗖		
Please check the appropriate	category:		
Corporate Membership	0	\$2,500.00	
Institutional Membersl	hip	\$ 300.00	
Individual Life Member	rship	\$1,500.00	
(Payable in 5 continuou	is annual installments of \$300.00;	Plus annual local dues of \$30.00)	
	under 65 years old)	\$ 110.00*	
	es (\$80) and Local dues (\$30)		
	5 and older)	\$ 85.00*	
	es (\$55) and Local dues (\$30)		
Dual Membership (occ	cupants in same household)	\$ 160.00*	
Dual Membersh	ip info		
Name (include p	orefix & suffix):		
Email:	Cell phone: ()	Home Phone: ()	
Birth month:	(proceed to page 2)		

Membership data must be submitted by each branch to National by mid-January. Manasota ASALH, Inc. is a 501©3 non-profit. Contributions are tax deductible.

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Associate Membership (This member has their primary membership with another ASALH Branch) Student Membership		30.00 45.00			
*Member receives quarterly issues of <i>The Journal of African American History</i> , the annual issue of the <i>Black History Bulletin, and an online Manasota ASALH Membership Directory</i> .					
What are your skills/talents?:					
What are your Dual Member's skills/talents?:					

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