

AFRICAN-AMERICAN GENEALOGICAL SOCIETY
CLEVELAND, OHIO



www.aagsclev.org

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Please check box if you do not want your info shared within our Society.
(Info is included on the AAGS Members Roster and Member Surname List)

Member Type: _____ Individual \$30.00 _____ Organization \$40.00

Membership year is January 1 through December 31 (Annual renewal)

**Please make check payable to African-American Genealogical Society (AAGS)
Mail application and check to P.O. Box 201476, Cleveland, OH 44120-1476**

If interested in serving on a committee, please indicate below:

- | | | |
|-----|--|--|
| ___ | By-laws | Review and update AAGS By-laws |
| ___ | Education | Conduct informational genealogy presentations and workshops |
| ___ | Hospitality | Arrange for refreshments at monthly meetings |
| ___ | Library/Archives | Organize and maintain AAGS library holdings and historical records |
| ___ | Membership | Maintain and distribute membership lists |
| ___ | Newsletter | Assemble and publish quarterly AAGS newsletter |
| ___ | Program | Coordinate speakers and projects for monthly meetings |
| ___ | Public Relations | Promote the AAGS organization through various resources |
| ___ | Research / Trip | Plan and execute group research trips |
| ___ | Surname Index | Compile and issue member surname index |
| ___ | Telephone | Contact members regarding upcoming meetings/events |
| ___ | Web Site | Contribute to enhancing and promoting the AAGS web site |
| ___ | I would like more information on these committees | |
| ___ | I can volunteer for other activities (Indicate other areas of interest: _____) | |

How did you learn about AAGS? (newspaper, tv, member, other) _____

OFFICE USE ONLY:

Check No. _____ N.M. Packet _____