



AAGSNC invites you to join with us to support African American family history research. Your membership is good for one year **from the date of signup**, and membership is renewable annually. Members whose dues are not received by the renewal date in each year will be dropped from formal communication, after 30 days.

Today's Date: _____

Membership Type (Circle One):

Regular - 17 and over:	\$30.00	New	Renewal
Family:	\$50.00	New	Renewal
Youth - 16 and under:	\$20.00	New	Renewal
Organization:	\$55.00	New	Renewal
Lifetime Membership:	\$300.00		
Lifetime Membership - Family:	\$500.00		

Total Amount Enclosed: _____

Please make your check payable to AAGSNC and mail to the address below. Or, join online at www.aagsnc.org/joinorrenew

Full Name(s): _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-Mail Address: _____

Surnames and Locations you are researching: Example: Smith (county, state), Brown (county, state)

Surnames and Locations: _____

Surnames and Locations: _____

Surnames and Locations: _____

Surnames and Locations: _____

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A Non-Profit Organization