

The AAGSNC invites you to join with us to further the mission and objectives of the society: to promote interest in genealogy, biography, and family history research of those of African ancestry.

Please complete the form below and enclose your payment, and send to our new mailing address, shown below. Or, join online at www.aagsnc.org. Thank you for your support!

Date:			
Membership Type (Circle One):		Are you joining or renewing?	
Regular - <i>17 and over:</i> Family: Youth - <i>16 and under:</i> Organization: Lifetime Membership: Lifetime Membership - <i>Family:</i> Total Amount Enclosed:	\$30.00 \$50.00 \$20.00 \$55.00 \$300.00 \$500.00	New New New	
Full Name(s):			
Mailing Address:			
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Phone:			
E-Mail Address:			
Surnames and Locations you are res	earching: Exam	ple: Smith (	(county, state)
Surnames and Locations:			
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I volunteer to help with [check all that appended or see that appended o		licity	Membership