

**Afro-American Historical and Genealogical Society- New England Chapter, Inc.**  
**5 Old Planters Road, Beverly, MA 01915**

[www.aahgs-ne.org](http://www.aahgs-ne.org)

**Membership Application/Renewal**

Please print or type **all** information. Missing information and/or an incomplete application causes a delay in the processing of your membership. The AAHGS National and Chapter annual membership dues expire on December 31<sup>st</sup>. 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.

- Individual National Dues = \$35/year       Family (2 members) National Dues \$40/year  
 Individual Chapter Dues = \$15/year       Family (2 members) Chapter Dues \$20/year  
 Individual Lunch Assessment = \$25/year       Family (2 members) Lunch Assessment = \$50/year  
 National Life Membership (individuals only) \$1,000 (may be paid in three installments within a 3 year period)\*

Total Amount enclosed \_\_\_\_\_ for membership year **January 1<sup>st</sup> to December 31<sup>st</sup> 20\_\_**

New member<sup>1</sup>       Renewal<sup>2</sup>      Include Membership #: \_\_\_\_\_

**Print all information clearly. (Do not leave blank)**

Name: \_\_\_\_\_

Name of Second Family member, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if this is a new address:      Email: \_\_\_\_\_

**Please read and check below if you agree to the following:**

- I am interested in being contacted for a special project.  
 I grant permission to AAHGS & AAHGS-NE to release my contact information to approved initiatives.  
 I can accept an electronic version of the AAHGS Newsletter.  
 I can accept an electronic version of the AAHGS Journal.  
 I can accept an electronic version of the AAHGS-NE Newsletter, Meeting Notices & Meeting Minutes.  
 I am willing to serve on a special committee for AAHGS-NE Chapter.  
 I give permission to be photographed and agree for any photographs of me to be used in AAHGS Publications, on the Chapter and National websites and on AAHGS Facebook pages.

**Indicate Your Payment Method:**

Cash     Check     Money Order    Make payable to **AAHGS- NE**

**Mail to:** AAHGS-NE Chapter, c/o Stella Pierce, 5 Old Planters Road, Beverly, MA 01915  
**(Applications and checks mailed to any other address incur significant delays in processing)**

<sup>1</sup>First time member applications received before September 1 will receive the next scheduled AAHGS Newsletters and all subsequent issues for the current calendar year. First time member applications received after September 1 are granted membership through December 31 of the next calendar year and will begin receiving the AAHGS' newsletters with the next scheduled mailing of the New Year.

<sup>2</sup>Renewal applications received after January 31<sup>st</sup> will begin receiving the AAHGS Newsletters starting with the next scheduled mailing.

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

There is a \$35.00 fee for all returned checks.

Allow 8-10 weeks for processing after receipt of your application by Membership Services @ AAHGS-National.

**Do not remove:** This section for office use only: ID#: \_\_\_\_\_ N    R    REN

FRD: \_\_\_\_\_ DMR: \_\_\_\_\_ DDE: \_\_\_\_\_ DME: \_\_\_\_\_

Notes: \_\_\_\_\_