

Year _____ New___ Renew___ (check one)

No. _____

CALIFORNIA AFRICAN-AMERICAN GENEALOGICAL SOCIETY

Post Office Box 8442
Los Angeles, CA 90008-0442



Attention: 2nd Vice President/Membership

MEMBERSHIP APPLICATION

For Accounting Use Only	
Check # _____	Date _____ [] Cash - Received by _____ Date _____

<input type="checkbox"/> Student	\$15.00	<input type="checkbox"/> Libraries	\$40.00	<input type="checkbox"/> Charter Member*
<input type="checkbox"/> Individual	\$30.00	<input type="checkbox"/> Organizations	\$40.00	<input type="checkbox"/> Life Member*
<input type="checkbox"/> Family	\$35.00	<input type="checkbox"/> Donation	\$ _____	*No Fee Required

NAME: _____ Birth (MM/DD) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME: _____ BUSINESS: _____ FAX: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

SURNAMES AND LOCATIONS YOU ARE RESEARCHING: _____

SPECIAL SKILLS: _____ OCCUPATION: _____

VOLUNTEER ACTIVITIES:

- | | |
|--|---|
| <input type="checkbox"/> Serve as an officer] | <input type="checkbox"/> Research Special Projects |
| <input type="checkbox"/> Serve on a Committee, i.e.,
Fundraising, Black History
Month, Hospitality, etc. | <input type="checkbox"/> Computer Input of Special Projects |
| <input type="checkbox"/> Write articles/book reviews
for the Newsletter | <input type="checkbox"/> Public Speaking |
| | <input type="checkbox"/> Other _____ |

Speakers/Program Suggestions: _____

Fundraising Suggestions: _____

Card <input type="checkbox"/>	Holder <input type="checkbox"/>	Receipt <input type="checkbox"/>	Roster <input type="checkbox"/>	Log <input type="checkbox"/>	Newsletter <input type="checkbox"/>	Outlook <input type="checkbox"/>	Letter <input type="checkbox"/>
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