

MEMBERSHIP APPLICATION & RENEWAL FORM

TO JOIN THE NEW JERSEY CHAPTER, NATIONAL MEMBERSHIP REQUIRED

Name:				Member
Name:				Family Member
Address:				
Apt/Unit/P.O Box				
City		State		Zip Code
Phone	(H/C)			(H/C)
Email1:				Member
Email 2				Family Member
Birthday (MM/DD)			AAHGS Membership #	
EMERGENCY CONTACT				
Name:			Relationship	
Phone:	(H/C)			(H/C)

CIRCLE YOUR RESPONSES TO THE QUESTIONS BELOW.

I hereby give permission to AAHGS to release my contact information to AAHGS approved initiatives: Yes No

I am interested in being contacted for a special project: Yes No

I can accept an electronic version of the AAHGS Journal and Newsletter: Yes No

Check One	Category	National Dues	NJ Chapter Dues	Total
	Individual	\$ 35.00	\$20.00	
	Family	\$ 40.00	\$25.00	
	Organization/Company	\$ 45.00	\$35.00	
	Youth			
	(18 to 25 yrs)	\$25.00	\$10.00	
	(under 18 yrs)		\$ 5.00	
	Life Member	\$1,000.00		
	Total Submitted			

If selecting a National Life Membership, one of the NJ Chapter categories must be selected.

Membership Year 2019

Download the form. Send it along with your payment to:

AAHGS-New Jersey Cash \$ _____

Membership

P.O. Box 5343 Check # _____

Somerset, NJ 08875 Check \$ _____

