

AAHGS-Arkansas Membership Form

Choose a membership type:

Local/National Individual Membership - \$50

Local Individual Membership Only - \$15

Local/National Family Membership - \$60
(Includes Spouse)

Local Family Membership Only - \$20 (Includes Spouse)

Local/National Organization Membership - \$70
(Includes up to 3 individuals)

Local Organizational Membership Only - \$25
(Includes up to 3 individuals)

New or Returning Member:

New Member

Returning Member - Membership I.D. # _____

Mailing Address:

Name: _____

Agency: _____

Address: _____

City: _____

State: _____

State/Province

Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Personal Profile:

AAHGS members work collaboratively to conduct genealogical research. This process is facilitated by sharing contact information and the surnames members are researching. Please indicate if you would like to share information with other members by way of the organization's website.

Yes, I give AAHGS-Arkansas permission to post my contact information on the website. (If yes, please complete [surname query form](#).)

Please do not post my contact information on the website.

Payment:

Membership Fee Amount: _____

Gift Memorial or Donation: _____

Total Enclosed: _____

Print completed form, enclose with check and mail to:
AAHGS Arkansas Chapter, PO Box 4294, Little Rock, AR 72214.