

AFRICAN-AMERICAN GENEALOGY GROUP OF KENTUCKY, LLC

Membership Form

- INDIVIDUAL MEMBER - \$30 ANNUAL RENEWAL - JANUARY 1 through DECEMBER 31**
- ORGANIZATION- \$50 ANNUAL RENEWAL - MULTIPLE DELEGATES - (1) VOTE PER ORGANIZATION**

Name: _____ Last _____ Middle _____ Apt _____

Address: _____ State _____ City: _____ Zip _____

Phone: (_____) _____ Cell (_____) _____ FAX (_____) _____

Email: _____ Alt _____

Website: _____ Alt _____

COMMUNICATING WITH EACH OTHER IS ONE OF OUR SERVICE GOALS.
HOWEVER, IF YOU **DO NOT WANT** YOUR INFORMATION SHARED WITHIN **THE GROUP**, PLEASE CHECK HERE

WANT TO BE A **RESEARCHER MEMBER**? TELL US SOMETHING ABOUT YOURSELF: RESEARCH EXPERIENCE: 0-1 YR _____ 1-5 YRS _____ 5YRS+ _____

RELEVANT AFFILIATIONS: _____

SPECIAL INTERESTS: (ex: Cemeteries, Education, Civil War) _____

SURNAME(S) SEARCH: _____

KY COUNTY(s): _____