



MEMBERSHIP FORM

(CIRCLE ONE) Individual Member \$31/year Organization \$51/year*

NAME:

ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

PHONE:

EMAIL:

WEBSITE:

*Communicating and networking among AAGGKY member is one of our service goals.
However, if you do not want your information shared within the group, please indicate here:*

RESEARCH EXPERIENCE:

RELEVANT AFFILIATIONS:

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

SURNAMES YOU ARE RESEARCHING:

KY COUNTIES YOU ARE RESEARCHING:

*Organization membership includes membership access for a single representative of the organization, and 1 vote during elections