

MEMBERSHIP APPLICATION AND RENEWAL FORM
 To Join the New Jersey Chapter, National Membership Required
 Date submitted: _____



General Information

Name (First, MI, Last Name)				Member
Name (First, MI, Last Name)				Family Member (if Family membership being requested)
Address (Number, Street)				Apt Number
City		State		Zip Code
Phone		Home		Cell/Mobile
Email address (Member)				
Email Address (Family Member)				
Birthday (Month/Day)		AAHGS Membership ID Number		

Emergency Contact Information

Name		Relationship	
Phone Number		Home	Cell/Mobile

Circle your responses. This section is required to be completed or the answers will default to YES.

- 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 and electronic version of the AAHGS Journal and Newsletter YES NO

Check One	Category	National Dues	NJ Chapter Dues	Total Requested
	Individual	\$35.00	\$20.00	
	Family	\$40.00	\$25.00	
	Organization/Company	\$45.00	\$35.00	
	Youth (18 to 25)	\$25.00	\$10.00	
	Youth (under 18 years)		\$ 5.00	
	Life Member	\$1000.00		
	Total Submitted			

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

Membership Year 2021

Download the form. Complete and send it along with your payment to:

AAHGS New Jersey Membership
 P.O. Box. 166
 Summit NJ 07902

Cash\$ _____
 Check# _____
 Check\$ _____
 PayPal _____