

AMERICAN-FRENCH GENEALOGICAL SOCIETY MEMBERSHIP APPLICATION

Membership year from October 1st to September 30th



Please complete and mail this form with your payment to
AFGS, P.O. Box 830, Woonsocket, RI 02895-0870
You may also renew online at www.afgs.org

Date: _____ New Renewal – Member # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

E-mail: _____

The AFGS does not share/sell member's information.

If this is a Family Membership, please list additional member(s)

Name #2: _____

Name #3: _____

Name #4: _____

*Family members must reside in the same household.

MEMBERSHIP CATEGORIES

- Individual \$40.00
- Family* \$50.00 (for 2 members)
+ \$10.00 for each additional member
- Institutional \$45.00
- Life \$600.00

Please make checks payable to American-French Genealogical Society

Members outside of the U.S.A. must pay with a credit card – no checks or money orders

CREDIT CARD NUMBER: _____ CVV: _____

NAME ON CARD: _____ EXP. DATE: _____

SIGNATURE: _____

AFGS FUNDRAISING CAMPAIGNS

BUILDING FUND: \$ _____

LIBRARY FUND: \$ _____

WEBSITE DEVELOPMENT FUND: \$ _____

AFGS is a non-profit organization organized under the General Laws of Rhode Island and is designated a 501c3 corporation by the Internal Revenue Service. All donations are deductible as allowed by law.

PAYMENT SUMMARY

Membership \$ _____

Donations \$ _____

Total \$ _____

Referred by: _____ Member # _____