



**Association for the Study of African American Life and History, Inc. (ASALH)**

**Atlanta Branch**

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Atlanta, GA 30329

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**2019 Membership Form**

*You must be a paid national member of ASALH in order to join the local branch.  
The annual membership year is January 1 – December 31.*

**Please check one:**

Current National Member (forward paid receipt)       New National Member (complete reverse side)  
 Renewing Atlanta Branch Membership       New Atlanta Branch Member

**Please print legibly:**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Personal Information**

*Please circle:*

Prefix: Ms.   Mrs.   Mr.   Dr.   Rev.   Min.   Pr.   Bp.   Other: \_\_\_\_\_  
Suffix: Sr.   Jr.   II   III   IV   Ph.D.   Ed.D.   M.D.   J.D.   Other: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check one:**

Individual Membership (\$25)  
 Student Membership (\$15)  
 Senior Membership (65+) (\$15)  
 Dual Membership (2 persons) (\$30)

**Additional Donation:**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Branch Committee Interest(s):**

Membership  
 Programs  
 PR/Marketing/Social Media  
 Fundraising

*Print second name:* \_\_\_\_\_

*Second Email:* \_\_\_\_\_

Institutional Membership (\$50)

*Name of Institution:* \_\_\_\_\_

*Institutional Representative(s) (limit of two):*

\_\_\_\_\_

\_\_\_\_\_

*Second Email:* \_\_\_\_\_