

San Francisco African American Historical and Cultural Society

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

Please sign me up as a:

- | | | | |
|-----------------------------|------------|----------------------------|-------------|
| ____ Senior Member | \$15.00 | ____ Organizational Member | \$500.00 |
| ____ Youth Member | \$15.00 | ____ Small Business Member | \$500.00 |
| ____ Individual Member | \$50.00 | ____ Corporate Member | \$3,500.00+ |
| ____ Family / Dual Member | \$100.00 | | |
| ____ Supporting Member | \$250.00 | | |
| ____ Sustaining Member | \$500.00 | | |
| ____ Life Member | \$1,000.00 | | |
| ____ Pillars of the Society | \$3,000.00 | | |

Method of Payment:

Enclosed with this completed application is my check in the amount of \$ _____ made payable to SAN FRANCISCO AFRICAN AMERICAN HISTORICAL AND CULTURAL SOCIETY.

Mail To:

SF AAHCS
P.O. Box 12548
San Francisco, CA 94102
ATTN: Membership Committee

For More Information: Please call 415 / 292-6172

Membership fees and contributions are tax deductible to the extent permitted by law