



AFHS Membership Application / Renewal Form

Our membership year runs from **JANUARY 1 - DECEMBER 31**. We require all of the personal information* filled out on this form for our Society records.

Date: _____

New Member or Renewal? (include Membership number if known) _____

First Name: _____

Last Name: _____

Telephone # Home: _____

Cell: _____

Address: _____

City: _____

Postal Code: _____

Email Address: _____

Membership Type: *Select your desired membership below – CHECK ONE*

Individual \$50.00

Family \$65.00

Institutional \$60.00

Optional AFHS Donation: General Fund _____
Memorial Fund _____
Total _____

Tax receipts will be issued for donations of \$10.00 or more.

Payment Type: *Please select a method of payment – CHECK ONE*

CASH

CHEQUE (*Made payable to Alberta Family Histories Society*)

CREDIT CARD (*Available online at www.afhs.ab.ca/membership*)

IMPORTANT: *Please submit this completed form to the Membership Coordinator at an AFHS Monthly Meeting or by mail to the AFHS Library (address at bottom of this form).*

***PRIVACY STATEMENT:** Alberta Family Histories Society respects your personal information. We have a Privacy Policy for the usage and safeguarding of the information. A copy of the Privacy Policy can be read and downloaded from the AFHS website or a paper copy can be obtained from the Privacy Officer, the Membership Coordinator or the AFHS Office.