



AFHS Membership Application / Renewal Form

Membership is for one calendar year from the date of application or upon renewal. We require the following personal information for our Society records.*

Date: _____

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

First Name: _____

Last Name: _____

Telephone Number: _____

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 <https://afhs.ab.ca/membership>*)

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

***PRIVACY STATEMENT:** Alberta Family Histories Society respects your personal information and has a Privacy Policy for the usage and safeguarding of the information, available on our website, from the Membership Coordinator or the AFHS Office.