



## 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 \$55.00  
 Family \$75.00

**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 Resource Centre (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.