



**BLACK FAMILY GENEALOGY  
AND HISTORY SOCIETY  
PHOENIX, AZ**

## **Membership Application**

**Date:** \_\_\_\_\_

**P. O. Box 75654, Phoenix, AZ. 85087**

**Website: [www.BFGHS.org](http://www.BFGHS.org)**

**We are a 501(c)3 non-profit organization**

**Membership year January 1<sup>st</sup> to December 31<sup>st</sup> for all members. Membership renewals  
December 1<sup>st</sup> to December 31<sup>st</sup> of current year.**

### **Type of memberships:**

Individual membership: one individual only (\$25 annually)

\_\_\_\_\_ Family membership: two individuals within same household (\$30 annually)

\_\_\_\_\_ Membership renewal  New member

### **Please print clearly and completely:**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone#: \_\_\_\_\_ Membership ID #: \_\_\_\_\_

Home #: \_\_\_\_\_ Birth Day: Mo \_\_\_\_\_ Day \_\_\_\_\_

**I give my permission to publish my email, address and phone number to BFGHS  
members/website.**

**Phone Number, email addresses, and addresses are for members only!**

**MEDIA RELEASE PERMISSION**

I give Black Family Genealogy and History Society (BFGHS) and people acting for and with BFGHS permission to interview, photograph, video, and/or audio record me to use and to edit, without compensation to me, the items listed below in any medium, including print and electronic (web-based) material for educational, promotional and marketing purposes:

1. Photographs video or any virtual platform footage of me;
2. Spoken (written or recorded) interviews of me and quotes from me;
3. My full name in connection with the photographs, video footage, interviews, or quotes; and
4. My location in connection with the photograph(s), video footage, interviews or quotes.

I have crossed out any points above to which I, or my signatory, do not agree.

I will make no monetary or other claim in connection with the **authorized** use of my name or photos, video, interviews and quotes, and I now release Black Family Genealogy and History Society and partner organizations and their partners in education, promotion, publicity and marketing interviews from any claims, demands and liabilities in connection with the use authorized and agreed to here by me.

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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**Indicate your payment method: (\$1.00 Administrative fee for on-line payments)**

**Check/money order - payable to BFGHS**

**Cash**

**on-line-PayPal**

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**Membership use only:**

**Date received** \_\_\_\_\_ **Received amount** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Membership #**