



**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 1st to December 31st for all members. Membership renewals December 1st to December 31st of current year.

Type of memberships:

_____ Individual membership: one individual only (\$24 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: _____

*Mobile Phone#: _____ Home #: _____ Membership ID # _____

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

*** Phone Number and email address are for members only.**

****Home address for membership records only.**

Indicate your payment method:

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

___ **Cash**

Membership use only:

Date received _____ Received amount _____ Receipt # _____ Membership # _____

Signature: _____ Date: _____