



**Print Form**

# The Midwest African American Genealogy Institute

## Membership Form

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Contact Phone Number \_\_\_\_\_

### SELECT YOUR MEMBERSHIP CATEGORY:

\_\_\_\_\_ \$35 - Individual Membership

\_\_\_\_\_ \$40 - Family Membership

\_\_\_\_\_ \$60 - Non-Profit Organization Membership

\_\_\_\_\_ \$100 - For Profit Company Membership

\_\_\_\_\_ Donation (Donations are tax deductible in accordance with IRS regulations)

**Make check or money order payable to: MAAGI**

**Mail payment to:** Midwest African American Genealogy Institute, PO Box 37-9612, Chicago IL 60637

### How did you hear about MAAGI?

\_\_\_ Facebook \_\_\_ Twitter \_\_\_ Email \_\_\_ Gen. Society \_\_\_ Word of Mouth

\_\_\_ Other (please specify) \_\_\_\_\_