



AFHS Membership Application / Renewal Form

*Our membership year runs from **JANUARY 1 - DECEMBER 31.***

We require all of the personal information filled out on this form for our Society records.*

Date: _____

Full Name: _____

Address & Postal Code: _____

Telephone Number (Home): _____

Telephone Number (Cell): _____

E-mail Address: _____

Membership Type:

Select your desired membership below – CHECK ONE

Individual \$40.00

Family \$50.00

Institutional \$60.00

NEW MEMBERSHIP / RENEWED MEMBERSHIP # _____

Optional AFHS Donation: General Fund _____

Memorial Fund _____

Total _____

Tax receipts will be issues 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*)

PAYPAL (*Available online at www.afhs.ab.ca/membership*)

IMPORTANT:

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

*PRIVACY STATEMENT: The Alberta Family Histories Society respects the personal information that you provide on this form. We have a stated Privacy Policy for the usage and the safeguarding of the information. We have a Privacy Officer who will address any concerns that you might have. A copy of the Privacy Policy can be read and copied from the AFHS website or a paper copy can be obtained from the Privacy Officer, the Membership Secretary or at the AFHS Office.