MEMBERSHIP APPLICATION
(Please PRINT Clearly)

Membership in the San Francisco African American Historical & Cultural (the Society) is open to all who support the Society's mission.

_____ _____ _____
(First Name) (Middle) (Last Name)

_____ _____ _____ _____
(Street) (City) (State) (Zip)

_____ _____
(Telephone) (Fax)

_____
(E-mail Address

Membership Category:

____ Student	$15.00	____ Organization	$250.00
____ Senior	$25.00	____ Small Business	$350.00
____ Adult	$100.00	____ Large Business	$700.00
____ Family	$150.00		

Make your check payable to San Francisco African American Historical & Cultural Society or SFAAHCS, and mail it to:

SFAAHCS
P.O. Box 12548
San Francisco, CA 94102
ATTN: Membership Committee

(Membership fees and contributions are tax deductible to the extent permitted by law.)

Indicate which committee you would be interested in serving on:

____ Programs ____ Archives ____ Development ____ Membership

For More Information please contact Al Williams via e-mail at awilliams@sfaahcs.org or via telephone at 415 / 467-4675.