

CENTRAL CALIFORNIA CHAPTER OF AHSGR
MEMBERSHIP AND RENEWAL FORM FOR 2007

Membership fees are for a calendar year that **renews each January 1st and are Delinquent Jan.31**

Membership Categories - Annual International and Central California Chapter Dues :
*****Central Calif. Chapter \$ 15.00 _____ and***International Dues # \$ 50.00 _____ = \$65.00 total**

Contributing	\$ 75.00 _____	Int'l Life Member-Chapter dues:	\$15.00
Institutional	\$ 50.00 _____	Student (15-24 yrs)	\$ 15.00 _____ (see over
Sustaining	\$100.00 _____	Youth (1-14 yrs)	\$ 8.00 _____ for application)

Int'l Life Member * \$1,050.00 _____ (40 years old & younger) January 1, 2007 *
Int'l Life Member * \$ 900.00 _____ (41 years to 55 years old) January 1, 2007 *
Int'l Life Member * \$ 750.00 _____ (56 years & over) January 1, 2007 *
(*may be paid in 5 annual installments)

ONLY NEW International AHSGR Member's \$50 dues will be prorated quarterly
(Jan-Mar..\$50.00; Apr-Jun \$37.50 ; July-Sep \$25.00 ; Oct-Dec \$12.50) _____

SEND BOTH INTERNATIONAL AND CHAPTER DUES TO THE LOCAL FRESNO CHAPTER
MAKE PAYABLE TO: CENTRAL CALIFORNIA CHAPTER-AHSGR

3233 N. West Ave, Fresno, CA 93705-3402

PLEASE HELP US VERIFY OUR INFORMATION BY FILLING IN FORM COMPLETELY

If you have any questions, contact the Library: (559) 229-8287

Fill in blanks only when applicable

Surname _____ H- Birthdate: ____/____/____
(Last Name first-- First name last, please) (yr. optional)

Spouse's Name _____ W-Birthdate: ____/____/____
(If applicable) (First name) (Woman's maiden name) **Wedding Date** ____/____/____

Address: _____ City/State: _____

9 digit ZIP: _____ - _____ Telephone: (_____)

E-mail: _____ Occupation _____

Husband's Ancestral _____ Wife's _____
Village(s): _____ Ancestral Village(s) _____

ALL SURNAMES YOU ARE RESEARCHING:

I would like my Central Calif. Chapter Newsletter delivered by E-mail (Adobe Acrobat Format) Yes _____
ALSO, THE CDC REPORT (Adobe Acrobat Format) Yes _____

ADDITIONAL INFORMATION FOR HEADQUARTERS IN LINCOLN, NE

Please designate your Primary Chapter affiliation.

If other than Central Calif.: 1. _____
Life Member in which chapter? 2. _____

New Member Referred by : _____

Office Staff Only:(MemApp)

Date Paid _____ Amt. Paid _____ Year paid for _____ Renewal _____ New. _____ Catg. _____
PR __ CpR __ DuesRem __ ML __ SML __ CpEM __ PEm __ CDC __ CpB/l __ Pb/l __ New MemPak __ *****NL** _____

Front Cp list _____