

MEMBERSHIP APPLICATION FORM

ALPHARETTA HISTORICAL SOCIETY, INC.

1835 Old Milton Parkway

Alpharetta, GA 30009

770-475-4663

To apply for membership, print this form, fill it out completely, and mail it to the above address. Make checks or money order payable to the Alpharetta Historical Society. Thanks for joining us!

Last Name	First Name	Middle Name	Maiden Name	Birth Mo./Day
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Spouse (Or Name of Parent, if you are a student)	First Name	Middle Name	Maiden Name	Birth Mo./ Day
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Other persons living in household _____

Address	City	State	Zip Code
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Phone Number	E-mail address	Web Site address
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Type of Membership

Annual Dues

Check One

Life (age 80 or above)	Free	<input type="checkbox"/>
Individual	\$20.00	<input type="checkbox"/>
Family (all persons living in same household)	\$30.00	<input type="checkbox"/>

Annual dues are payable by July 1st and cover the period from July 1st to June 30th.

Are you a: _____ New Member
 _____ Renewing Member _____ Year first joined (if you remember!)

Would you like information regarding volunteer opportunities? Please check as many as you are interested in:

- | | |
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| <input type="checkbox"/> Officer or Trustee
<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Ways and Means
<input type="checkbox"/> Grants
<input type="checkbox"/> Long Range Planning
<input type="checkbox"/> Bylaws
<input type="checkbox"/> Nominating Committee
<input type="checkbox"/> Mansell House Operations
<input type="checkbox"/> Mansell House Hostess /Host
<input type="checkbox"/> Mansell House Tour Guide
<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Historical Research | <input type="checkbox"/> Monthly Programs
<input type="checkbox"/> Research Library and Archives
<input type="checkbox"/> Heritage Programs
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Historic Properties Preservation
<input type="checkbox"/> Web Site
<input type="checkbox"/> Log Cabin Tour Guide
<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Public Relations
<input type="checkbox"/> Publications
<input type="checkbox"/> Oral History
<input type="checkbox"/> Other _____ |
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Please let us know about any programs or activities you would like AHS to focus on in the coming year. _____