MEMBERSHIP APPLICATION FORM

ALPHARETTA HISTORICAL SOCIETY, INC.
1835 Old Milton Parkway
Alpharetta, GA 30004
770-475-4663

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

_____

Last Name First Name Middle Name Maiden Name Birth Mo./Day

_____

Spouse First Name Middle Name Maiden Name Birth Mo./ Day
(Or Name of Parent, if you are a student)

_____

Other persons living in household

_____

Address City State Zip Code

_____

Phone Number E-mail Address Web Site Address

Type of Membership	**Annual Dues**	**Check One**
Life (age 80 or above)	Free	ð
Individual	$20.00	ð
Family (all persons living in same household)	$30.00	ð

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:

__ Officer or Trustee
__ Finance Committee
__ Ways and Means
__ Grants
__ Long Range Planning
__ Bylaws
__ Nominating Committee
__ Mansell House Operations
__ Mansell House Hostess /Host
__ Mansell House Tour Guide
__ Membership Committee
__ Historical Research
__Monthly Programs
__Research Library and Archives
__Heritage Programs
__Hospitality
__Historic Properties Preservation
__Web Site
__Log Cabin Tour Guide
__Building Maintenance
__Public Relations
__Publications
__Oral History
__Other_____

Please let us know about any programs or activities you would like AHS to focus on in the coming year. _____