



African Association of Madison, Inc. (AAM)

PO Box 1016
Madison, WI 53701-1016
(608) 258-0261

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AAM Member Information & Community Directory

Please, fill in the appropriate sections

Last Name: _____ First Name: _____

Spouse: _____ First Name: _____

Name of Organization: _____

Street: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Membership Type (check one)
<input type="radio"/> Individual Adult - \$25
<input type="radio"/> Non Profit/Govt - \$50
<input type="radio"/> Corporate - \$100

Make checks payable to **African Association of Madison** and mail to the above address

Children (Under 21):

Name	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

— Use extra sheet for additional children under 18 years old —

Volunteer Interests (Please check all that apply):

Youth Mentoring/Tutoring: Primary _____ Middle _____ High _____

African History/Culture School/Group Presentations _____

Social Events: Africa Fest _____ Annual Picnic _____ End-of-Year Party _____

Graduation Celebration _____ Juneteenth Celebration _____

Newsletter/Publications: _____ Telephone Tree: _____

Other Volunteer Activity Interests:

Please indicate if you are a member of other African Organizations (AWA, UNIMA, etc):

