



African Association of Madison (AAM), Inc.

P.O. Box 1016

Madison, WI 53701

<http://www.africanassociationofmadison.org/>

info@africanassociationofmadison.org

MEMBERSHIP APPLICATION

Please fill in the appropriate sections:

First Name:	Last Name:
Spouse Name:	Last Name:
Country of Origin:	
Name of Organization (if organization):	

Address: _____ _____	Membership Type (check one) Individual/Adult - \$25 Family - \$50 Non-Profit/Govt - \$50 Corporate - \$100
City, State, Zip _____	
Phone: _____	
E-mail: _____	

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 Gala

Graduation Celebration Juneteenth Celebration Newsletter/Publication

Telephone Tree

Other Volunteer Activity Interests:

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

➤ **Make Checks Payable to: "African Association of Madison" and send form and check to:**

African Association of Madison, Inc
P.O. Box 1016
Madison, WI 53701-1016

OR: Send your application to: info@africanassociationofmadison.org and Pay your association dues securely via PayPal.com by clicking on the link: [Pay/Donate \(paypal.com\)](#) and select "Association Dues".