Member Information & Community Directory

Please, fill in the appropriate sections

Last Name: ____________________________  First Name: ____________________________

Spouse: ____________________________  First Name: ____________________________

Name of Organization (if an organization):

Street: ____________________________________________

City, State, Zip: ____________________________________________

Phone: ____________________________________________

E-mail: ____________________________________________

Membership Type (check one)

- Individual Adult – $25
- Non-Profit/Govt – $50
- Corporate – $100

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

Children (Under 21):

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<th>Name</th>
<th>Sex</th>
<th>Age</th>
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— 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.):


Visit us on the Web at: www.africanassociationofmadison.org  Email: info@africanassociationofmadison.org