



# African Association of Madison, Inc (AAM)

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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
Individual Adult
<b>\$25.00</b>

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):

\_\_\_\_\_  
\_\_\_\_\_