

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 organizati	on):
Address:	Membership Type (check one)
City, State, Zip_	o Individual Adult - \$25
Phone:	o Family - \$50
E-mail:	o Non-Profit/Govt - \$50
s-man:	o Corporate - \$10
Volunteer Interests (Please check al	that apply):
Youth Mentoring/Tutoring: Prima	
African History/Culture School/Gr	oup Presentations
Social Events: Africa Fest A	nual Picnic End-of-Year Party
Graduation Celebration June	eenth Celebration Newsletter/Publication
Telephone Tree	
Other Volunteer Activity Interes	s:
Please indicate if you are a member	of other African Organizations (AWA, UNIMA, etc.):

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

OR: Pay your association dues securely via PayPal.com by clicking on the link: Pay/Donate (paypal.com) and select "Association Dues".