



African Association of Madison (AAM), Inc.

P.O. Box 1016

Madison, WI 53701

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

info@africanassociationofmadison.org

Member Information & Community Directory

Please fill in the appropriate sections:

Last Name: _____ **First Name:** _____

Spouse: _____ **First Name:** _____

Country of Origin: _____

Name of Organization (if an 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 address above.

Children (Under 18):

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.):
