



**CITY OF AUSTIN
AFRICAN AMERICAN HERITAGE
NETWORK (AAHN)**

MEMBERSHIP APPLICATION

NAME: _____ **Last** _____ **First**

DEPARTMENT/ AGENCY _____

ADDRESS: _____

WORK PHONE: _____ **MOBILE:** _____

Are you currently a City of Austin Employee? Yes _____ No _____

Are you a Retired City of Austin Employee? Yes _____ No _____

Membership Category (Please Check One)

_____ **Member \$20.00 (Voting)** _____ **Associate Member \$10.00 (non voting)**

Please make Check payable to African American Heritage Network (AAHN)

Please mail your membership registration and dues to:

P O Box 6453
Austin, TX 78762-6453

Please indicate the committee (s) on which you would be willing to serve:

- | | | |
|---|--|---|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Finance Sub-Committee |
| <input type="checkbox"/> Education and Scholarship / Sub-Committee | <input type="checkbox"/> Community Affairs Committee | |
| <input type="checkbox"/> Programs and Public Relations Committee | <input type="checkbox"/> Member Career / Interest Development | |

Signature: _____ **Date** _____

AAHN Official Use: Amount Paid \$ _____ Date: _____ AAHN: _____