

Membership Application Form	Member No.
Family Name	
Given Name(s)	
Preferred Name	
Title	
Address	
Address 2	
City	
County/State/Province	
Postal Code/Zip	
Country	
Telephone	
Email	

Are you happy for information that you provide to be placed on the Society's Database? Yes / No (select as appropriate)

I am interested in helping with one or more of the following. Please send more details.

- Assisting the Records Officer with research
- Writing articles for the newsletter
- Providing the Records Officer with documents and photograph
- I have a PC and am willing to input data

I heard about the AFHS from: (select as appropriate)

A relative or friend  Record Office  Family History Society

AFHS Website  Facebook  Other .....

UK only - I want to gift aid my donation and any donations I make in the future to the Alderson family history Society..

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Yes / No (select as appropriate)

Signature ..... Date .....