



**AFRICAN AMERICAN
HISTORICAL SOCIETY
OF ROCKLAND COUNTY**

P.O. Box 652, Pomona, NY 10970

Name _____
Last First Middle

Address _____
Street Town/City/State Zip Code

Cell Phone No. () _____ **Home Phone No.** () _____

Email _____

Note: Annual dues are renewable by **June 1st of each year.**
Make checks payable to: **African American Historical Society of R.C.**
P.O. Box 652
Pomona, New York 10970
aahsofrockland.org

Please Check One:

- _____ \$10 Senior Citizen Membership (65 and up)
- _____ \$15 Youth Membership (up to 21)
- _____ \$25 Individual Membership

_____ I would like to send a donation in the amount of \$ _____

_____ I would like to volunteer to assist the AAHS

All members are entitled to the following:

- Annual Membership Card
- Newsletters
- Advance notice of all AAHS of R.C. Calendar Events

The African American Historical Society of Rockland County is a 501(c)3 organization.