

Membership Application

Please mail this form with your check to:

African American Cultural Society, Inc.
P.O. Box 350607, Palm Coast, FL 32135-0607

Membership Category _____

New ____ or Renewed ____ Membership?

Name(s) _____

Address _____

City _____ State _____

ZIP _____ Tele. # _____

Birth Month/Day(s) ____ / ____

____ / ____

____ / ____

Email Address _____

Enclosed \$ _____

Date ____ / ____ / ____

---- July to June, Fiscal Year Annual Dues ----

*Gold Lifetime: \$5,000 one-time or
\$500 per year for 10 years*

*Silver Lifetime: \$2,500 one-time or
\$250 per year for 10 years*

Family Household Group: \$150

Individual Adult: \$100

Individual Young Adult (Age 18 to 34): \$50

Youth (Age 12 to 17): Free

----- Initial Dues Rates for New Members -----

<u>Month Joined</u>	<u>Adult</u>	<u>Family</u>
<i>October-December</i>	<i>\$75</i>	<i>\$112.50</i>
<i>January – March</i>	<i>\$50</i>	<i>\$75.00</i>
<i>April – June</i>	<i>\$25</i>	<i>\$37.50</i>