

Tallahassee African American Genealogical Society, Inc.



Membership Application 2026

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

Membership Details

Membership Status	<input type="checkbox"/> New	<input type="checkbox"/> Renew
Membership Type	<input type="checkbox"/> Individual (\$20)	<input type="checkbox"/> Family (\$25)

Family Membership ONLY:

2nd Person of Same Address

Payment Information

Payment Type	<input type="checkbox"/> Paypal	Click to Pay Now!	<input type="checkbox"/> Check #	<input type="text"/>
\$21 or \$26				

Membership Involvement

Select all areas where you would be interested in volunteering.

<input type="checkbox"/> Membership	<input type="checkbox"/> Education	<input type="checkbox"/> Publications & Technology
<input type="checkbox"/> Publicity & Public Relations	<input type="checkbox"/> Elections	

MEMBERSHIP POLICY

Membership is for one calendar year. Categories of membership are “individual” and “family” as defined in the Bylaws (Article 3, Section 20, 25).

New Membership

(1) One can join TAAGS during any month through October of the calendar year. If you join after October 31st, your membership is activated for the following year. Upon submission of the application form and payment of dues applicable to the desired category of membership, the member will received the full benefits of membership.

Membership Renewal

Membership expires on December 31. If dues are not received by the February 28, the member is considered inactive and will receive no further benefits of membership. An inactive member can renew at any time under the same provisions of joining as a new member.

Membership/Surname Directory

Complete the chart with as much information as you can. Use maiden names only.

Ancestors: Family Member #1

Name	Date and Place of Birth	Date and Place of Death

Ancestors: Family Member #2 (Family Membership ONLY)

Name	Date and Place of Birth	Date and Place of Death

Signature:

Date:

Email completed application to tallyaags@gmail.com

or

Mail hardcopy & check made payable to:

Tallahassee African American Genealogical Society,

Inc. c/o Dr. Juanita Gaston

P. O. Box 6900

Tallahassee, Florida 32314