



American Aid Society Membership Application

for Associate membership. Associate Members do not have voting rights nor can become Executive office holders. To achieve Regular Membership status with Executive office and voting rights privileges, this is only achieved when this (these) applicant(s) is (are) endorsed by two current officers and witnessed by the President.

Name (1): _____ Birth Date: _____ Place of Birth: _____
City, State, Country (1):

Name (2): _____ Birth Date: _____ Place of Birth: _____
City, State, Country (2):

Address: _____

City, State, ZIP: _____

Phone (Home): _____ E-mail Address: _____

Reason for Joining: _____

Our membership has a broad range of knowledge through their occupations, experiences, and interests which aids in the success of this organization. Would you be willing to be consulted on subjects of your expertise and / or interests?

Please complete below: **Please Initial:** Initial (1): _____ Initial (2): _____

Please staple check here

Occupation (1): _____ Occupation (2): _____

Hobbies / Interests (1): _____

Hobbies / Interests (2): _____

If you have children or grandchildren and you would like them to be part of this organization, please give us their names.

Children: Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

Heritage of your Parents: (Please identify)

Your Father (1): _____ City, State, Country (1): _____ Your Father (2): _____ City, State, Country (2): _____
 Your Mother (1): _____ City, State, Country (1): _____ Your Mother (2): _____ City, State, Country (2): _____

ALL persons are welcome. Whether or not you are of German heritage, WILL YOU AGREE to and abide by the general goals, purposes and principles as identified in Article "V" and Article "VI" of our Constitution? **Please Initial:** Initial (1): _____ Initial (2): _____

A majority of our members volunteer to help with our various activities which helps keep our costs down. Would you be willing to help us as a volunteer? **Please Initial:** Initial (1): _____ Initial (2): _____

Please sign and date (1):

Please sign and date (2):

Dues will be payable upon membership acceptance and again at every January thereafter. Annual dues are \$ 25.00 per individual or \$ 50.00 per couple. Parents of the Children's Group, Youth Group members and Senior Group members are encouraged to apply for membership.

(Please do not write below this line)

Signature & Date

Signature & Date

President's Witness

Endorse Applicant (1): _____ Applicant (2): _____ Both Applicants: _____

Instructions:

1. Please completely fill out Membership Application
2. Write check, payable to the "*American Aid Society*"
3. Next staple check at the center left of this form
4. Flip over, fold application at "Fold here first"
5. Fold again at "Fold here second"
6. Place adhesive tape where shown
7. Fix proper postage and mail

Fold here first

From:

Place
Postage
Stamp
Here

American Aid Society
of German Descendants
6540 N. Milwaukee Ave.
Chicago, IL 60631-1750

Attn: Mrs. Magdalena Ippach

Fold here second

Please tape here

Please tape here