THE KANSAS INSTITUTE FOR AFRICAN AMERICAN AND NATIVE AMERICAN FAMILY HISTORY
 -- with a mission to assist Mid-West families of African American
and/or Native American descent to commemorate their history.
  **MEMBERSHIP FORM**

Name (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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home tel. (    ) \_\_\_\_\_\_\_\_\_\_\_\_ fax no (    )\_\_\_\_\_\_\_\_\_   work tel.(    )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(your email address will be used only for our own communications with you)
**TAX DEDUCTIBLE PAYMENT**: Dues for individual or family membership is voluntary (**$25/yr** has been our past norm) Send any amount $0 to whatever.
TOTAL included = $\_\_\_\_\_\_\_   check no.\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to **Ms Edith Walker, Treasurer of KIAANAFH, 492 Beacon St. # 76, Boston, MA 02115
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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