AOSHS

American Overseas Schools Historical Society

MEMBERSHIP/DONATION FORM

❑ New Member ❑ Renewal ❑ Life ❑ Donation Only

How did you hear about us? ❑ Friends ❑ Facebook ❑ Web Search ❑ Other_____

Printed full name: _____ Maiden Name: _____

Address: _____

Street or Box City/APO State/AA/AE/AP/Country Zip Code

Telephone:_____ **Email:** _____

❑ Educator ❑ Student ❑ Other

$25 for 1-year dues $_____

$45 for 2 years dues $_____

Donation to the AOSHS Operating Fund $_____

Other_____ $_____

Please visit our website at www.aoshs.org and click directly on "Quarterly" to access our membership newsletter.

Credit Card |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Expires ___/___

Security Code _____ Zip Code_____

Name on credit card _____

❑ **CHECK ENCLOSED** **Check Number: _____**

(Make check/money order payable to AOSHS)

Signature: _____ **Date:** _____

Mail to:

AOSHS, 704 W. Douglas Ave., Wichita, KS 67203-6104

THANK YOU!

OFFICE USE ONLY

Date Received_____ Tier/Category_____

Quarterly Issue_____

Dues Renewal Date____/____/20____ ❑ LIFE Logged: ❑ Database ❑ Spreadsheet

❑ Letter of Receipt Sent

AOSHS Form 001
09/20