MEMBERSHIP APPLICATION

Please select membership type. Fill out the form below and mail with a check or money order **made payable to "BBAAGHS, Inc."** to:

BBAAGHS, Inc.
c/o Louretta Wimberly, Membership Chair
PO Box 971
Selma, AL 36702

[ ]	Individual	$35.00
[ ]	Family	$45.00
[ ]	Seniors (62+)	$25.00
[ ]	Students (ID req)	$15.00
[ ]	Organizations	$35.00

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE _____

PHONE _____

FAX _____

DOB (optional) _____

EMAIL _____

WEBSITE _____

I AM RESEARCHING THE FOLLOWING SURNAMES FROM THESE LOCATIONS: (Add more pages for additional names)

NAMES	**LOCATIONS**