

MEMBERSHIP FORM

Name: _____

Street Address: _____

City _____ State _____ Zip _____ Telephone (____) _____

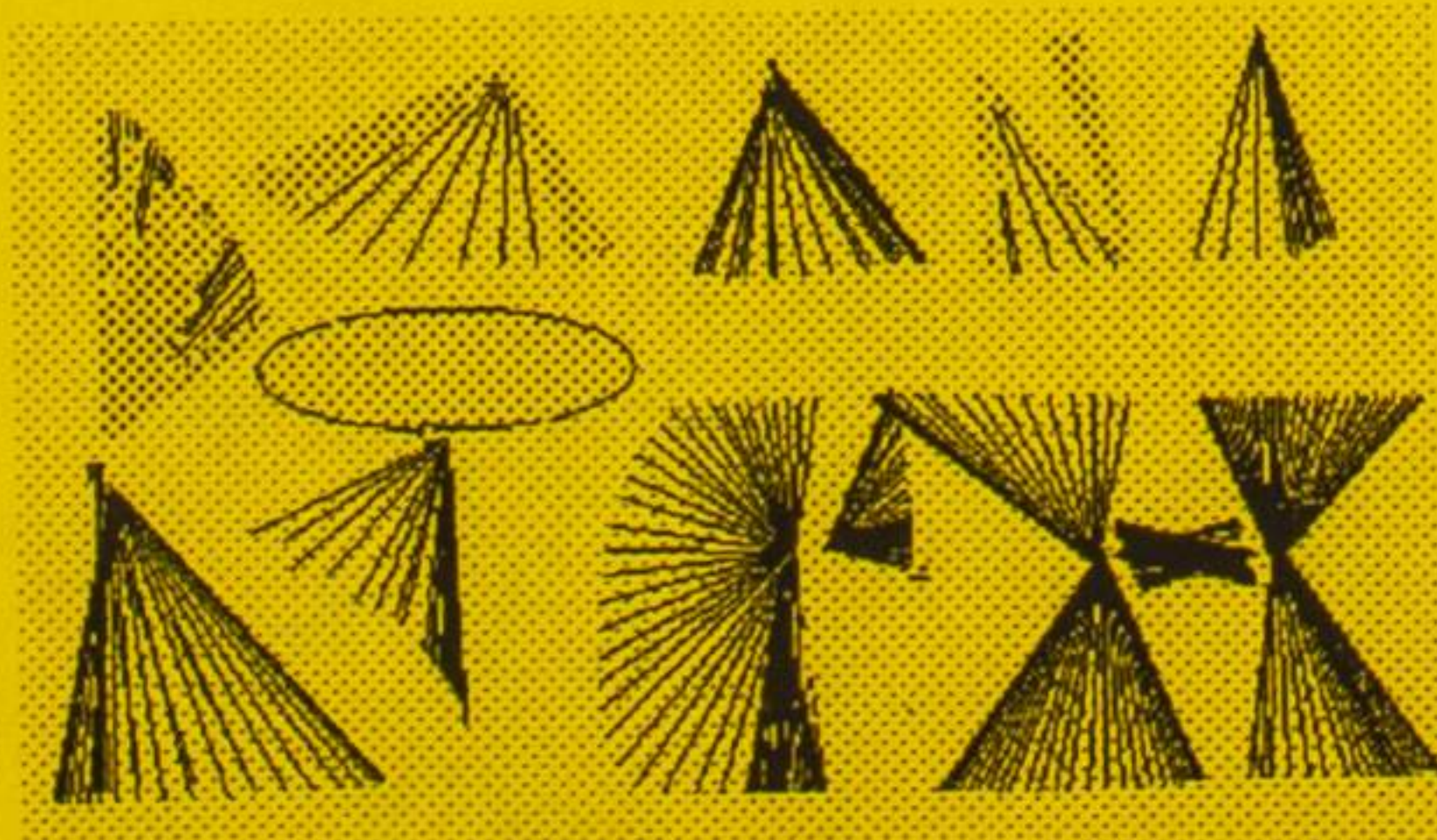
Fax No. _____ email address: _____

Areas of special interest & experience (check as many as apply):
public relations or media _____; researching and exhibiting history _____; researching
genealogy _____; running or using professional archives _____; tracing historical and/or
genealogical relationships between African- and Native-Americans _____; organizing
family exhibitions and/or reunions _____; legal expertise _____; fund raising
expertise _____; organizational leadership _____; political analysis and/or
leadership _____; Other: _____

Type of membership: Full Voting (\$35/yr; \$100 for three years) _____ Non voting-
\$10 a year) _____ Extra Contribution: _____ Payment enclosed \$ _____ Make checks
payable to KIAANAFH Inc, and send to our Treasurer, Ms Edith Walker, c/o Phillips
Academy, Andover MA 01810, or to our Resident Agent: Rev. Robert Baynham, 5757 Rowland
St., Kansas City, KS 66104)

AFFIX
STAMP

K.I.A.A.N.A.F.H. Inc.
Ms Edith Walker, Treasurer
c/o Phillips Academy
Andover MA 01810



THE KANSAS INSTITUTE FOR
AFRICAN AMERICAN AND NATIVE AMERICAN
FAMILY HISTORY