



African American Methodist Heritage Center
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Advance # 3020514

Membership Form

Name: _____

Address: _____

Email address: _____

Contact information: Preferred phone # _____

Membership Categories

Individual Level

_____ Basic \$10

_____ High Level \$100

Church Level

_____ Basic \$250

_____ High Level \$500

Check enclosed _____ mail to address above
Electronic giving: PayPal at www.aamhc-umc.org

All paid memberships will be acknowledged.
This membership is renewable annually

Questions may be directed to Carol Travis, Executive Assistant, (c) 301-908-6501