



Membership Application



AFRICAN-AMERICAN CLUB of Hernando, Inc.
P.O. Box 5203, Spring Hill, FL 34611
Annual Dues: \$50.00 P.P.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Anniversary Date: ____/____/____

Date of Birth: ____/____/____

Membership Type:

_____ New Member _____ Renewal

I am interested in volunteering
to serve on the following
committee(s):

_____ Membership
_____ Publicity
_____ Education
_____ By-Laws
_____ Community Outreach

Signed: _____

Date: ____/____/____

Please print and mail in this application to the above address, thank you.