American Overseas Schools Historical Society

704 West Douglas Avenue, Wichita, Kansas 67203

MEMBERSHIP/DONATION FORM

CHECK ONE: New Member _____ Renewal _____ Life _____

Printed full name: _____ Maiden Name: _____

Address:_____ _____ _____ _____
(Street or Box No.) (City/APO/FPO) (State) (ZIP)

Telephone:_____ ***Email:** _____

I am a Former _____ -or- Current_____ Educator; also a Former Student _____

$25 for 1 year dues and 4 issues of the newsletter $_____

$45 for 2 years dues and 8 issues of the newsletter $_____

Donation for the AOSHS Discretionary Fund. $_____

Donation for the Drysdale Archive Endowment Fund. $_____

Donation for the AOSHS Operating Fund. $_____

THANK YOU!

VISA/Mastercard |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Expires ___/___

Names as it appears on your credit card _____

Check enclosed: _____ Check Number: _____
(Make check/money order payable to AOSHS)

Signature: _____ **Date:** _____

I have included AOSHS in my estate planning _____

Can we list your email address in our Directory? YES_____ NO_____

Send to: **AOSHS**
704 W. Douglas Ave
Wichita, KS 67203-6104

AOSHS Form 06-4
11/16