Austin Families Association of America

Membership Form

Please send this form, along with your membership dues, to
Austin Families Association, P.O. Box 92, Blooming Glen, PA 18911-0092

Annual dues $20

Name*_____Date*_____

Spouse Name _____

Street*_____

City*_____ State*_____Postal Code*_____

Home Phone (_____)_____-_____ Cell Phone (_____) - _____-_____

E-mail Address*_____@_____

_____ I am an Austin descendant _____ Spouse is an Austin descendant

Send my AFAOA Newsletter as _____ Paper copy by mail _____ Email link to web page

I have enclosed _____$20 for 1 year, _____ $40 for 2 years, _____$60 for 3 years

EARLIEST KNOWN AUSTIN ANCESTORS*
(Begin with earliest date. Add spouse name, and other information if known.)

1._____b._____in_____

_____

2._____b._____in_____

_____

3._____b._____in_____

_____

(Additional pages may be added as needed.) *Required information please

COMMENTS AND QUESTIONS: _____

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