Membership Application Form

Name:			Address:		
City:			State/Province:	Country:	
Postal	Code:	_ Email:			
Phone	• •		_ Birth year:		
Germa	n-Russian Heritage: Ye	s No			
Ancest	ral Surname(s):				
Ancest	ral Village(s):				
Optional I	nformation:				
-	'Partner Name: -Russian Heritage: Yes			-	
	different from above)				
	al Surname(s):				
	al Village(s):				
	_				
	you hear about AHSG		Facebook	lactogram	Ad Event
	Website Other				Au Event
	referring member				_
			of Membership		
			•		
STANDARD: \$60/year with digital publications emailed to you					
STANDARD: \$95/year with printed publications mailed to you					
SUSTAINING: \$110/year, digital or print publications STUDENT: \$15/year (15-24 years old), digital publications					
	DLN1: \$15/year (15 24 TH: \$8/year (14 and yo	-	rent name, if under	18·	
	(with digital publications,	_	·		
	56 or older \$750			•	
			3 annual installme		
	40 or younger \$1,050) paid in full OR _	3 annual installmer	nts of \$350	
Γ			ASHGR		
	Send payment in US	dollars to:	631 D Street		
			Lincoln, NE 68	3502	