

MEMBERSHIP ENROLLMENT

Choose your membership category:

- Individual (\$30)
- Family (\$55)
- Lifetime (\$1,000; Age 60 or older - \$500)
- Corporate (\$100)

Member Information (Indicate title for each name: Ms./Mrs./Mr./Dr.)

Name _____ DOB _____

Name _____ DOB _____

Child name _____

Child name _____

Child name _____

Child name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Membership # (renewals only) _____

- I am an Alden descendant.
- I am interested in certifying my Alden lineage.

Method of Payment

- My check is enclosed, payable to Alden Kindred of America
- Please charge my __Mastercard __Visa __Discover

Card # _____ EXP ____/____