

MEMBERSHIP ENROLLMENT

Choose your membership category:

- ☐ Individual (\$50)
- ☐ Family (\$75)
- ☐ 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 ____/____

cvv _____ Billing Zipcode _____

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