

# **AFRICAN AMERICAN GENEALOGICAL SOCIETY OF MILWAUKEE**



## **OUR MISSION**

The purpose of the **African American Genealogical Society of Milwaukee (AAGSOM)** is to preserve and perpetuate the records of our black ancestors, and to encourage contemporary and future African Americans to preserve records of their families and their community.



## **MEETINGS**

The **AAGSOM** meets monthly at The Villard Square Library 5190 N. 35<sup>th</sup> St. and virtually via Zoom, every third Saturday of the month, from 1:30-3:30 P.M. except in July and August. This is an opportunity to hear interesting speakers, learn helpful hints on research techniques and share ideas.



## **PROGRAMS**

The AAGSOM sponsors workshops in beginning genealogy, using the computer to help you with your research, and other ways to explore your roots.



## **MEMBERSHIP**

Membership is open to any person who is interested in African American Genealogy and/or in the research of historical accounts of the African American experience. Membership in the AAGSOM shall not be denied because of race, color, creed, religion, sex, age, or national origin. Membership in the society is based on the following membership fees that are due annually in October:

Individual \$20  
Family (2) membership \$25  
Youth \$10  
Organization \$75  
Life Member \$150 one-time payment  
Life Family \$200 one-time payment



## **CONTACT INFO**

**E-Mail :** [aagsom.org@gmail.com](mailto:aagsom.org@gmail.com)  
Website: [aagsom.org](http://aagsom.org)  
Like us on Facebook

For more information, join us at our virtual or in-person meetings or

[Contact Us](#)



## **Return this section with check to:**

MEMBERSHIP c/o Treasurer AAGSOM  
P.O. Box 242073  
Milwaukee, WI 53224

Enclosed is my check payable to:  
The African American Genealogical  
Society of Milwaukee

Please print member name to be listed  
on the Society's membership roster:

\_\_\_\_\_  
Name (Mr., Mrs., Ms. \_\_\_\_\_)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone (  Cell or  Home)

\_\_\_\_\_  
E-Mail Address

Please indicate how you received this  
brochure.

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Research States \_\_\_\_\_

