

*The American Overseas Schools Historical Society, Inc. (non-profit)*  
*704 W. Douglas Ave – Wichita, KS 67203*

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www.aoshs.org

CHECK ONE: New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Printed full name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or Box No.) (City/APO/FPO) (State) (ZIP)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I am a Former \_\_\_\_\_ -or- Current \_\_\_\_\_ Educator; also a Former Student \_\_\_\_\_

Individual Life Membership (See below) \$ \_\_\_\_\_

\$25 for annual dues and 4 issues of the newsletter \$ \_\_\_\_\_

Donation for the AOSHS Endowment/Building Fund. \$ \_\_\_\_\_

Donation for the Drysdale Archive Endowment Fund. \$ \_\_\_\_\_

Donation for the AOSHS Operating Fund. \$ \_\_\_\_\_

**THANK YOU!**

VISA/Mastercard |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Expires \_\_/ \_\_

Names as it appears on your credit card \_\_\_\_\_

Check enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_

(Make check/money order payable to AOSHS)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have included AOSHS in my estate planning \_\_\_\_\_