

APPLICATION FOR AFFILIATION WITH THE AMERICAN HISTORICAL ASSOCIATION

Instructions: Please note that the attached AHA policy statement on affiliated societies provides a list of materials that must be submitted with this application as well as general information on affiliation. The following information can be submitted in electronic form as long as all points are addressed.

Name of organization: _____

Address: _____

Person completing application:

Position in organization: _____

Address: _____

Date organization was established: _____ Size of membership: _____

In twenty-five words or less, please provide a brief definition of the organization's area of interest and purpose.

Have you attached:

- constitution and/or bylaws.
- list of elected officers, including primary contact, indicating those that are members of the AHA.
- a membership list (including addresses so that they may be checked for membership in the AHA).
- copies of the newsletters or other periodical publications and a record of conferences.
- a one page description of your organization addressing the four required criteria for affiliation.

Signature: _____

Date: _____

Please return completed form and supporting materials to: AHA, 400 A Street, S.E., Washington, D.C. 20003