Algerian American Association of Greater Washington

Membership Department
PO Box 65063
Washington, DC 20035-5063

AAAGW MEMBERSHIP FORM

Date _____

First Name _____ Last Name _____

Title: (circle) Mr. Miss Ms. Mrs.

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work _____

Email: primary _____ Alternate _____

Occupation _____ Company _____ (optional)

Membership type

- ❑ Family $50
- ❑ Individual $30
- ❑ Student $15
- ❑ Contributor $100

Family size _____

Cash ❑ Check

Donation_____

Spouse: _____

Children:

	Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
1.			
2.			
3.			
4.			
5.			