



# 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.			