



AAAGW.org

Algerian-American Association of Greater Washington

Algerian American Association of Greater Washington
Membership Dept

PO Box 65063
Washington, DC 20035-5063

AAAGW Membership renewal

1. Date: _____

2. First Name: _____ Last Name: _____

Title (Mr. /Miss/Ms./Mrs.): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home: (_____) _____ Work: (_____) _____

Email: _____

3. Membership type (Family \$40, Individual \$25, Student \$15, Contributor \$100): _____

4. Family size: _____ Spouse: _____

6. Children:

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

7. Optional:

Occupation: _____

Company: _____

Visit your association's website at <http://www.aaagw.org> Email Contact: Information@aaagw.org