



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 FREE (New for 2011)
 - Contributor \$100
- Family size _____
- Cash Check
- Donation _____

Spouse: _____

Children:

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