

Algerian American Association of Michigan

A3M MEMBERSHIP FORM

Date:

Full Membership is extended to persons and businesses who support our mission regardless of race, national origin, sex, disability, or religion.

Note: -an asterisk (*) indicates required information

First Name*: _____ Last Name*: _____ Spouse: _____

Title*: ☐ Mr. ☐ Miss. ☐ Ms. ☐ Mrs.

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Primary Phone*: _____ Email*: _____

Occupation*: _____ Employer: _____

Membership type: ☐ Family \$60 ☐ Individual \$40 ☐ Student \$30

Children*: *Please list below if Family was Checked*

	Name	Age	Gender (M/F)		Name	Age	Gender (M/F)
1.				4.			
2.				5.			
3.				6.			

Make A Donation to Support A3M and your Community!

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 Other Amount:\$_____

Donation allocation: To designate your donation to a specific fund, please check the boxes below. To allow A3M to allocate your donation as needed, leave all boxes unchecked.

- | | |
|--|---|
| <input type="checkbox"/> Emergency & Hardship Fund | <input type="checkbox"/> Activities & Social Events |
| <input type="checkbox"/> Burial & Cemetery Fees Fund | <input type="checkbox"/> Academics & Scholarships |

Method of Payment: please charge to my account (if paying by check, mail to address below)

Name (as it appears on card) _____

Card Number: _____ CVV Number: _____ Expiration Date: _____

Amount Due(Donation + Membership): \$ _____ Signature of Card Holder: _____

Algerian American Association of Michigan
41182 Williamsburg, Canton, MI 48187

Thank you for joining A3M!

Office Use Only **Processed by:** _____

Date: _____