**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 bellow 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 □ $1000 Other Amount:$\_\_\_\_\_\_\_

*A3M is a nonprofit organization, its tax-exempt status is pending approval under section 501(c)(3) of the internal revenue code*

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

□ Emergency & Hardship Fund □ Activities & Social Events

□ Burial & Cemetery Fees Fund □ 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

3385 Buckingham Trail, West Bloomfield, MI 48323

Thank you for joining A3M!

**Office Use Only Processed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_