NAAWA

National Arab American Women's Association

www.naawa.org

Official use only:

Membership #: _____
Membership fee: $_____
Method of Payment: _____
Receipt #: _____
By: _____

Membership Application

Category of Membership (Circle One): New Renewal

Name: _____
First Middle Initial Last

Date of Birth: ___/___/_____**(Optional)**

Major/Concentration: _____

Minor (if applicable): _____

Permanent/Mailing Address:

_____

_____

_____

Home Phone Number
(___) - _____

Mobile Phone Number
(___) - _____

Email Address: _____

Please indicate how you learned about NAAWA: _____

Are you interested in becoming actively involved? (Please circle one below)

- Yes, I would like to become actively involved, and have time to devote.
- Yes, I would like to become actively involved, but have limited time to devote.
- No, I do not wish to be actively involved, but do wish to take advantage of membership benefits.

If you would like to be actively involved and have time to devote, would you like to hold a position? (Please circle one) Yes No

If you answered yes, what position are you interested in? _____

To become a member, please **fill out this application completely** and submit it or email it to general@NAAWA.org

And **Pay membership fee of$50**. Please write check to NAAWA, and mail your check to:

NAAWA
6551 Dearborn Drive
Falls Church, VA 22044

I would like to become a member of the National Arab American Women's Association (NAAWA), and have filled out this application completely and accurately. I am submitting dues of $50 along with my application and agree that this information will beheld on my record for as long as I am a member.

Applicant Signature: _____ Date: ___/___/___

The NAAWA Membership Fee is $50 per year. This fee is non-refundable.