MEMBERSHIP APPLICATION

American-Arab Anti-Discrimination Committee

1731 Connecticut Ave, NW, Suite 400, Washington, DC 20009

Type of dues (Check one)

☐ Family* $30 ☐ Individual - $20 ☐ Student/Ltd Income - $15

☐ 2-year Family - $50 ☐ 2-year Individual - $35

*Covers membership of family members living in one household. Please provide all names below.

Name(s) _____

_____

Address _____

City _____ State _____ Zip _____

Telephones: _____ _____
Daytime Evening

DUES AMOUNT $ _____

CONTRIBUTION $ _____

TOTAL AMOUNT $ _____
Make checks payable to American-Arab Anti-Discrimination Committee

Type of Payment (check one)

☐ Check ☐ Am Express ☐ Visa ☐ Master Card _____
(4-digit no. above name)

Credit Card No. _____

Expiration Date _____

Signature X _____

• PLEASE FILL OUT REVERSE SIDE •