

ARAB CENTER OF WASHINGTON
www.arabcenter.net
Membership Application Form:

Name: _____

Address: _____

Phone: _____

Work/Cell-Phone: _____

E-Mail Address: _____

Spouse/Significant Other: _____

Year Joined ACW: _____

Would you like to receive our newsletter? Yes No

Would you like to receive email announcements? Yes No

ACW would not be possible without its volunteers. Please let us know what projects you would be able to help with in the future (you may check off more than one):

- | | |
|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Sponsorship Assistance |
| <input type="checkbox"/> Arab Festival | <input type="checkbox"/> Visual & Performing Arts Team |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Membership Drive |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cultural & Social Events | _____ |
| <input type="checkbox"/> Board Nominating Committee | _____ |
| <input type="checkbox"/> Educational Event | |

Type of Membership:

Family (\$50) _____

Single (\$30) _____

Student (\$20) _____

Mail to:

Arab Center of Washington
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