



## MEMBERSHIP APPLICATION

Join. Participate. Benefit. Succeed.

- Membership dues cover from August 1 through July 31 of each year
- Membership dues are \$50 per person and you must be 18 years or older to apply
- Membership dues are not tax deductible
- Membership dues must be paid by February 28 to vote for the Deputy President election
- Only paid members are eligible to receive convention reduced rates

### Single Member Information

ÁNew Application`  
""Renewal Application

Name: \_\_\_\_\_ \*Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Family Member Information

Spouse Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child Name 1: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child Name 2: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child Name 3: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\* Member ID can be located on your *Hathihe Ramallah* subscription, Membership Letter or please call the AFRP Office to obtain it.

**Annual Dues/Donations**

**YEARLY**

**MONTHLY**

Member 1

\_\_\_\_\_

Ea. Add'l Member x \$50 =

\_\_\_\_\_

General Fund Donation

\_\_\_\_\_

\_\_\_\_\_

Educational Fund Donation

\_\_\_\_\_

\_\_\_\_\_

Endowment Fund Donation

\_\_\_\_\_

\_\_\_\_\_

Other Donation

\_\_\_\_\_

\_\_\_\_\_

**TOTAL AMOUNT**

\_\_\_\_\_

\_\_\_\_\_

Your pledge contributions help support:

- ✓ Day-to-day operations
- ✓ Educating our youth
- ✓ Donations to Ramallah organizations
- ✓ Cultural education
- ✓ Humanitarian programs

(please specify which fund you'd like to contribute to)

**Payment Method**

**PAY BY CHECK**

Credit Card Type:

- Visa
- MasterCard
- American Express
- Discover

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Signature: \_\_\_\_\_

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**Enroll me in Annual Membership Renewal; this will be debited from my provided credit card on August 1<sup>st</sup> of each year.**

**Enroll me in \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly Scnations based on the breakdowns I've specified on page 1 of this application. If yearly, this will be debited on the 1<sup>st</sup> of January; if monthly, this will be debited on the 1<sup>st</sup> of each month, beginning January of the new year.**

**Billing Address Information**

Please enter the information exactly as it appears on your credit card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) authorize the American Federation of Ramallah, Palestine of Westland, Michigan, herein referred to as "AFRP" to initiate debit entries to my (our) credit card account indicated above. This authority is to remain in full force and effect until AFRP and Credit Card Company have received written notification from me/or either of us of its termination in such time and in such manner as to afford AFRP and Credit Card Company a reasonable opportunity to act on it prior to depositing to the account.

*Thank you for your continued support to the American Federation of  
Ramallah, Palestine!!*

*Please help us go GREEN and pay online! It's the way of the Future!*

\* Services provided by Bajis Katwan of Global Merchant Services, Inc. ("GMSI"), your credit card processing solutions. For any inquiries, please contact GMSI at [contactus@gmerchantsinc.com](mailto:contactus@gmerchantsinc.com) or call (415) 587-2273.