

**Algerian American Community of Michigan**

<https://www.A2CM.org/>

**MEMBERSHIP/RENEWAL FORM**

All members of A2CM are required to complete this registration form. Membership runs from January 1st –December 31st of each year. **[ ]  NEW MEMBERSHIP [ ]  RENEWAL [ ]  Change of Information?**

 **SECTION 1: MEMBER INFORMATION** [ ] **Mr** [ ] **Mrs** [ ] **Miss** [ ] **Ms**

|  |  |
| --- | --- |
| **NAME(APPLICANT)**  | **First: Last: Middle:**  |
| **SPOUSE NAME** | **First: Last: Middle:** |
| **ADDRESS**  |  | **PHONE** |  |
| **CITY** |  | **EMAIL**  |  |
| **STATE** |  | **ZIP CODE** |  |
| **CHILDREN INFORMATION** | **NAME** | **AGE** | **GENDER** |
| **CHILD 1** |  |  | **[ ]  M [ ]  F** |
| **CHILD 2**  |   |  | **[ ]  M [ ]  F** |
| **CHILD 3**  |  |  | **[ ]  M [ ]  F** |
| **CHILD 4** |  |  | **[ ]  M [ ]  F** |

 **SECTION 2: MEMBERSHIP TYPES & DUES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEMBER TYPE** | **DESCRIPTION** | **DUES (1 year)** | **DUES (2 years)** | **Please Check One** |
| **FAMILY** | Includes husband, wife and children under 18 years old  | $50 | $90 | **[ ]  1 Year [ ]  2 Years**  |
| **INDIVIDUAL** | 18 years old or older  | $30 | $50 | **[ ]  1 Year [ ]  2 Years**  |
| **STUDENT** | Full time students – Not employed  | $20 | $30 | **[ ]  1 Year [ ]  2 Years**  |
| **DONORS**  | Donors who support A2CM mission  | $ | $ | **[ ]  1 Year [ ]  2 Years**  |

 **SECTION 3: PAYMENT INFORMATION**

|  |
| --- |
| **PAYEMENT METHOD: [ ] VISA [ ] MASTERCARD [ ]  AMEX [ ] CASH [ ] CHECK [ ] ONLINE (**[www.a2cm.**org**](http://www.a2cm.org)**)**  |
| **CARD HOLDER NAME: First: Last: Middle:** |
| **CREDIT CARD NUMBER:**  |
| **CREDIT CARD EXPIRATION DATE: CVV NUMBER:**  |
| **AMOUNT:** $  **CARD HOLDER SIGNATURE:**  |
| If your payment is a donation that is other than the membership fee, you can specify the allocation of your donation. **[ ]  General Association Expenses [ ]  Social Events Activities [ ]  Educational Activities [ ]  Sports Activities** **[ ]  Hardship Fund [ ] Funeral Services Fund** **Paying by check:** Make it payable to: **A2CM** or **Algerian American Community of Michigan**Mailing Address: 3545 Fieldcrest Ln Ypsilanti, Michigan USA 48197 |

**Date Form Submitted: / / Applicant Signature: .**

**Office Use Only: Processed by: Date: / / .**