

(All information provided will be held in strict confidence and will not be shared with any individual, agency, or organization)

Membership Type: Individual (Single) Family

PERSONAL INFORMATION

First Name:		M.I.:	Last Name:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	/ /
Street address:				
City:	State:	Zip Code:	Country:	
Email:		Best time to contact you:		
Would you like to join our Email List?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you like to join our Phone Tree Service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

FAMILY INFORMATION (IF APPLICABLE)

Spouse Name (First):		Spouse Name (Last):			
Children:					
Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age:			Age:		
Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age:			Age:		
Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age:			Age:		

MEMBERSHIP TYPE

Membership Type (please check one):

Member: Have all the rights as defined in the Constitution and By-Laws of Ahlebaith Association of Michigan

Volunteer: Do not want to register as member but like to serve and support the organization

Note: Volunteer & associate do not have a right to vote in the election process of "Ahlebaith Association of Michigan"

PAYMENT

Individual (Single): **\$250.00** Family: **\$300.00**

Method of payment: Please note, all contributions are tax deductible

Cash: Please collect a receipt at the time of payment

Check: Please make checks payable to "Ahlebaith Association of Michigan"

Credit Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of Card: _____ Exp. Date: _____ SVV Code: _____

I/We hereby affirm that the above mentioned information is correct to the best of my/our knowledge and I/we will abide by the constitution, by-laws, and the policies of the "Ahlebaith Association of Michigan"

Signature: _____ Date: _____

FOR OFFICIAL USE (DO NOT WRITE BELOW THIS LINE)

Received by:	Date:
Reference Name 1: _____	Phone: _____
Reference Name 2: _____	Phone: _____