



**American Lebanese Awareness Association
MEMBERSHIP APPLICATION**

Name: _____

Address: _____

City/Town: _____

State: _____ ZIP Code: _____

Home Tel: _____ Bus/Cell Tel: _____

EMAIL ADDRESS: _____

ANNUAL INDIVIDUAL MEMBERSHIP\$30.00

ANNUAL FAMILY MEMBERSHIP \$50.00

RENEWAL INDIVIDUAL MEMBERSHIP \$30.00

RENEWAL FAMILY MEMBERSHIP\$50.00

Membership is from: JANUARY TO DECEMBER

I would like to make a contribution to the:

General Scholarship Fund \$ _____

Charitable Fund \$ _____

Please Contact Me:

_____ I am interested in volunteering

_____ I have material for the ALAA Historical Collection

_____ I am interested in sponsoring an ALAA scholarship

Please make checks payable to ALAA and mail to:

**ALAA
P.O. Box 2244
Methuen, MA 01844**