

# AZERBAIJANI AMERICAN WOMEN'S ASSOCIATION

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## MEMBERSHIP APPLICATION \*

**Full Name:** \_\_\_\_\_

**Date of birth (optional):** \_\_\_\_\_

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

**Phone number (s):** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**School name (for current students only):** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Employer (if currently employed):** \_\_\_\_\_

**Are you currently a member of any other similar organization (please circle one) ?** YES NO

**If yes, which organization?** \_\_\_\_\_

**The reason why you are becoming a member of AAWA:** \_\_\_\_\_

**How do you think you could benefit/help AAWA: (if applicable, please also state any talents or skills you have that could benefit the organization)**

\_\_\_\_\_

**Check the appropriate box(es) if you want to be included in the following:**

Add me to the mailing list     Send me Press Release     Invite me to AAWA events

Contact me for volunteering opportunities

**How do you prefer to be contacted by AAWA?**  Email     Mail     Phone

**Do you know anyone who would be interested in becoming a member of AAWA?** \_\_\_\_\_

**How did you first hear about us (please specify)** \_\_\_\_\_

**Annual membership fee of \$20**     Paid check with application     Other (please specify)

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* All information on this application form will be kept strictly confidential and will not be shared with an unauthorized party.*