

Arab American Political Action Committee (AAPAC) Membership Application (Rev. 7/99)

First and Last Name: _____

Street Address: _____

City, State and Zip: _____

Home Number: (____) _____ Office Number: (____) _____

Fax Number: (____) _____ Cellular/ Pager: (____) _____

Email: _____

Information about employer is needed for reporting purposes. Please fill it out accurately

Occupation: _____ Employer: _____

Employer's Address: _____

Have you been convicted of a felony or a misdemeanor in the last 5 years? If yes explain:

No: _____ Yes: _____

Signature: _____ Date: _____

OPTIONAL QUESTIONS

The following questions are optional and are included for statistical purposes only. Applicants are invited to answer them but not required to do so. Applicants may answer all, some or none of the following questions:

Sex: _____ Year of Birth: _____ National Origin: _____

College Degree (s): _____

Citizenship: _____ If not a US Citizen, immigration status: _____

Party Affiliation: Democrat ___ Republican ___ Other _____ N/A ___

Please mail application to: AAPAC, P.O. Box 925, Dearborn, MI 48121 (or bring to meeting)

Current Annual Membership fee: \$300.00 payable by check or money order.

Note: New applicants may pay \$150.00 when submitting application and \$150.00 after 3 months.

For AAPAC use Only

Received AAPAC:

Payment:

Received Membership Committee:

Approved Membership Committee:

Approved AAPAC membership:

Welcome Package Sent: