

AMERICAN FEDERATION OF RAMALLAH, PALESTINE

Membership Form

Name: _____ Spouse: _____

Child 1: _____ Child 2: _____

Child 3: _____ Child 4: _____

Address: _____ City _____ State _____ Zip: _____

Phone: _____ Spouse Phone: _____

Email: _____ Spouse Email: _____

Membership Levels

Student (Free) Regular Membership (\$50) Family Donor (\$500) Corporate Donor (\$1000)

Payment Options:

Check

(Please make check payable to American Federation of Ramallah)

Credit Card

Card No. _____ Signature _____ Exp. Date: _____ CCV: _____

MasterCard VISA Discover Am. Express

You may make payment on-line at www.AFRP.org or call (734) 425-1600 for assistance