



American Women's Association Qatar

2015 – 2016 Membership Application

Please complete and sign this document legibly and return it to Membership with your payment.
Membership is not valid, and benefits will not be available, until payment is received

Surname: _____ First Name: _____

Are you a new _____ or renewing _____ member? If you are renewing, please list previous year(s) of membership with AWAQ: _____

Applying for Full* _____ or Associate** _____ membership

**Full members are United States Citizens, or are legally married to United States Citizens.*

Are YOU _____ or your SPOUSE _____ a United States Citizen? NOTE: proof of US passport or Qatari RP required at time of payment.

Email: _____ Mobile phone: _____

Nationality / Home Country: _____ If USA, which state? _____

Date of Birth (e.g., 25 Jan 1951): _____ Do you have school aged children in Doha? Yes No

Would you be interested in helping with "Americana", our expatriate children's educational program? Yes No

Please circle any activities you are interested in: Yarn crafts, Sewing, Book Club, Mah-jong, Bridge, Golf, Exercise, Bowling

Others not listed above: _____

Please circle any committees you are interested in: finance, fundraising, computer skills, creative writing, photography, events

Others not listed above: _____

Please check if you **DO NOT** want your name and contact info to be listed in our membership directory

Members agree NOT to use any published information in order to solicit other members, either personally, by phone or through social media.

SIGNATURE: _____

Date: _____

For Office Use Only

Membership Type (circle one): Military / Full / Associate / Prepaid / Pro-rated

Amount Paid: 200QR / 400QR / 600QR Receipt #:

Received by:

Date:

Location: