***This is a protected form. Please complete the below fields, where applicable. Tab or click with your mouse to move to the next field. Click check boxes with your mouse, where applicable. Once complete, print and sign the form. Return your completed form along with payment, to Membership. Note that 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 check any activities you are interested in:**  **Yarn crafts,  Sewing,  Book Club,  Mah-jong,  Bridge,  Golf,   Exercise,  Bowling** | | | | | | | | | | | | | | |
| **Others not listed above:** | | | | | | | | | | | | | | |
| **Please check 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:**