



American Women's Association Qatar

2018 – 2019 Membership Application

Please complete (Print clearly) & sign this form legibly. Return it to Membership with your payment. Membership is not valid, and benefits will not be available, until payment is received.

Surname: _____ First Name: _____

Nickname (if applicable): _____

Application for:

- Full membership (Full members are United States Citizens, or are legally married to United States Citizens. Proof by US passport or Qatari RP required at time of payment).
- Associate membership (Non-US Citizens / not meeting above criteria for Full Membership)

Email: _____ Mobile phone: _____

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

Date of Birth (e.g., 25 Jan 1951): _____

Please list activities you would enjoy with other AWA Members.

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

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

We understand some individuals may be sensitive to having their photograph taken and/or posted online. Please be aware that photos are taken at most AWA events. If you do not wish to be photographed, it is your responsibility to identify this to the photographer.

Signature: _____ Date: _____

For Office Use Only				
Membership Type:	Full	Associate	Military/US Embassy	Pro-rated (Feb 1)
Dues Amount	200QR	200QR	150QR	100QR
Date:	Receipt #:	Location:	Received by:	