



American Women's Association Qatar

2019 – 2020 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: _____

New member Renewing member Nickname (if applicable) _____

Area of Qatar

West Bay The Pearl Al Waab Al Saad West Bay Lagoon Festival City

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: _____

WhatsApp # _____ Facebook Name: _____

Please check the activities you are interested in. You will be added to the group WhatsApp

Activities

Community Service

- | | | | |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Breakfast Club | <input type="checkbox"/> Lunch Bunch | <input type="checkbox"/> Golf | <input type="checkbox"/> Hope School Qatar |
| <input type="checkbox"/> After Hours | <input type="checkbox"/> Movie Group | <input type="checkbox"/> Walking Club | <input type="checkbox"/> Sidra Medicine |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Mahjong | | <input type="checkbox"/> Dreama Orphanage |
| <input type="checkbox"/> Canasta | <input type="checkbox"/> Bowling | | <input type="checkbox"/> Hamad Ambassador Program |

Please list other Activities or Community Service opportunities you would enjoy with 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. No Member shall conduct a business or represent a charitable interest for personal gain within the framework of AWAQ.

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: _____

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