

Arab American of Central Ohio

Membership Form

Name:				
(First)	(Middle)	(F	(Family)	
Address:			• •	
City:	State:	•		
Zip Code:				
Tel: ()	Cell: ()	Fax ()	
Email:				
Citizen of which A	arab country?			
Languages:		ing	Speaking	
Arab Engl				
Other (specify):				
Signature:		<u>Date</u>	<u>:</u>	
Membership type: Annual Starti	ng from January, adjustr	nent is calcula	ited.	
() Individual \$ 25, (), family \$ 3	35, Student () \$ 15, () B	Business\$ 50.		
Contribution \$				
Please make your check paya	able to:			
AACO				
P.O.Box 115 Hilliard, Ohio 43026				