

Armenians of Colorado

P.O. Box 13854, Denver CO 80201
Fed Tax ID # 84-0890348



2017 MEMBERSHIP

First Name _____ Last Name _____

Address _____

Phone (including area code): Home : _____ Cell: _____

Very Important: Please include your email address to receive future ELECTRONIC NEWSLETTERS as AOC intends to go paperless. If you do NOT have an email address, please indicate that on the form.

Email #1: _____ Email #2: _____

FAMILY MEMBERS	DATE OF BIRTH (for children)	(circle one)
_____	_____	Spouse / Parent
_____	_____	Son / Daughter
_____	_____	Son / Daughter
_____	_____	Son / Daughter

Please mark the appropriate choice:

___ Individual Membership.....\$ 30.00

___ Family Membership.....\$ 60.00

___ Senior Citizen Membership (over 65).....\$ 20.00

___ **Sponsoring Office Rent - one month\$ 200.00

TOTAL \$ _____

___ Enclosed is a check payable to "Armenians of Colorado, Inc." in the amount of \$ _____

___ I authorize AOC to charge (circle one) Visa/MasterCard/AMEX in the amount of \$ _____

Name on Card _____ **CCV #** _____ Exp. Date _____

Card # _____ **Billing Zip Code** _____

*Your most valuable contribution is your presence at AOC Events!
To make a difference, please consider volunteering as a committee member.*

**Your Donation is tax deductible.