

Armenians of Colorado, Inc.

P.O. Box 13854, Denver CO 80201



2018 MEMBERSHIP

First Name _____ Last Name _____

Address _____

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

Very Important: Please include your email address to receive future ELECTRONIC NEWSLETTERS

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 (\$200.00 / month).....\$ _____

___ *Donation to Armenian School.....\$ _____

___ *Khachkar Maintenance Fund\$ _____

TOTAL \$ _____

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

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

Card # _____ Billing Zip Code _____

Signature _____

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

NOTE: Your Donations are tax deductible.