



Armenians of Colorado, Inc.

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Mailing Address: P. O. BOX 13854, Denver, CO 80201

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2019 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 \$ _____

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

Card # _____ **Billing Zip Code** _____

Signature _____

___ 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 \$ _____

NOTE: Your Donations are tax deductible.