



Armenians of Colorado, Inc.

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## 2020 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.**