



American Women's Association

AWA Membership Form

American Women's Association of Qatar
P.O. Box 17644, Doha, Qatar new

date: ___ / ___ / ___

new renew

name: _____

home phone: _____

cell phone: _____

mail address: _____

email address: _____

country of nationality: _____

home state: _____

birthday: _____

your company: _____

your husband's company: _____

hobbies: _____

suggestions for this year: _____

We understand some individuals may be sensitive to photos being posted online. Please be aware photos are taken at all AWA events and it is your responsibility to let photographers know not to take your photo.

membership criteria:

Please check the line applicable to you. AWA By-Laws stipulate that associate membership may not exceed 40% of the total membership.

___ full member

- a. who is a citizen of the Americas (North, South or Central) by birth or naturalization;
- b. whose husband is a citizen of the Americas (North, South or Central);
- c. who is a permanent resident of the Americas (North, South or Central)

___ associate member any woman resident of Qatar who is not eligible for full membership.

membership dues (annually) QR 250/= : _____ paid