

AAEA MEMBERSHIP FORM INSTRUCTIONS

Dear prospective member,

Thank you for your interest in AAEA. We are extremely honored that you decided to join us. Please fill out the attached membership form using the attached sample as a guide.

You can electronically fill-out the PDF membership form using Acrobat Reader or you can simply print the form and fill-out by hand (as neatly as possible).

Once complete, please include the appropriate payment payable to **AAEA** and mail the form and check to the following address:

AAEA
c/o Mahmoud EI-Gamal
4713 Maura lane
West Bloomfield, MI 48323

If you have any questions, please contact any of the following board members:

Ghassan Abdelnour 248-752-1249
Maher Abbasi 313-485-7551
Maria Sedki at 248-762-0366
Mahmoud EI-Gamal 734-564-9849

Our website: www.aaeausa.com
Our general email: info@aaeausa.com

Thank you again for your support.

MEMBERSHIP APPLICATION

4713 Maura Lane
 West Bloomfield, MI 48323
 Tel: (734) 453-7900



Website: www.aaeausa.com
 Email: info@aeausa.com
 Fax: (734) 453-0724

ARAB AMERICAN ENGINEERS AND ARCHITECTS ASSOCIATION

Application Date: _____

Check One:

	NEW MEMBERSHIP	For Office Use Only: Check # Check Date
	RENEWAL	
	OTHER (Home, Work info, etc.)	

Name: _____ Title: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work:

Home:

Phone		Phone	
Fax		Fax	
Email		Email	

New Members: Please fill the information below:

Type of Degree	Major	Graduation Date	College University	Professional Registration

All Members: Please select the committees that you are interested in joining:

<input type="checkbox"/> Education	<input type="checkbox"/> Sub - News Letter	<input type="checkbox"/> Webpage
<input type="checkbox"/> Membership	<input type="checkbox"/> Finance	<input type="checkbox"/> Activity

Membership Grades and Annual Dues:

(Please Note: Fiscal Year Jan 1 to Dec 31)

Full & Associate Member (Fifty dollars (\$50) Annually)

Student Member (Ten dollars (\$10) Annually)

Total Amount Enclosed: _____

Signature: _____ Date: _____

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Check One:

	<input checked="" type="checkbox"/> NEW MEMBERSHIP		
	<input type="checkbox"/> RENEWAL	For Office Use Only:	DRAFT
	<input type="checkbox"/> OTHER (Home, Work info, etc.)	Check #	
		Check Date	

Name: Title:

Company:

Company Address:

City: State: Zip:

Home Address:

City: State: Zip:

Work:		Home:	
Phone	<input type="text"/>	Phone	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

New Members: Please fill the information below:

Type of Degree	Major	Graduation Date	College University	Professional Registration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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