



AMERICAN DRUZE SOCIETY

Houston Chapter



الجمعية الدرزية الاميركية

هيوسطن - تكساس

TAX ID # 23-7155194



2009 MEMBERSHIP FORM

January 1st through December 31st, 2009

Dear fellow Druze,

Now is the time to renew your ADS membership! You will receive many benefits from your ADS membership, like:

- Discount on Local & National ADS events,
- Voting privileges for Local & National elections,
- Quarterly subscription to **"Our heritage"** Magazine and local chapter publications,
- Card and Online Membership Privileges,
- The satisfaction of contributing to your society!!!

In order to fully capitalize on the benefits of becoming an official member of the American Druze Society, your membership dues must be paid by **March 31st, 2009**. Anyone who becomes a member after March 31st, 2009, will not be eligible to participate in any Local or National elections for the 2009 calendar year. Houston Chapter gets 50% of the membership.

Please complete the form below and submit it with your payment to the address indicated at the bottom. Rates are as follows:

<input type="checkbox"/> Lifetime Member & Spouse	\$ 1,500.00
<input type="checkbox"/> Lifetime Member	\$ 1,000.00
<input type="checkbox"/> Husband & Wife	\$ 90.00
<input type="checkbox"/> Individual (17 yrs. & older & not a student)	\$ 50.00
<input type="checkbox"/> Individual (17 yrs. & older & attending school)	\$ 40.00
<input type="checkbox"/> Friend of the society (*discounts only, no voting privileges)	\$ 35.00

Additional Contribution/Donation (Please write the name of the Charity to be designated if you wish) _____ \$ _____

Membership Name as it should appear in ADS Records: _____

Contact and Payment Information

Member Name:	Ph (H)	Ph (W):	Ph(Cell):
Spouse Name:	Billing Address:		
Child Name/Age	City:	State:	Zip Code:
Child Name/Age	Email 1:	Email 2:	
Child Name/Age	Pmt Method	<input type="checkbox"/> Check	<input type="checkbox"/> Amex
Child Name/Age	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Cash
Child Name/Age	Credit Card Number:	Exp Date:	
Child Name/Age	3 or 4-digit Security Code (Required):		
Child Name/Age	Name on Card:	Billing Zip Code:	

All contact and payment information is required to charge credit cards. At least one phone number is required.

I authorize the American Druze Society (ADS) to Charge the above amount to my credit card. I Understand that I am fully responsible for the stated amount.

Authorized Signature

Date

PLEASE CHECK HERE IF YOU WISH YOUR CREDIT CARD TO BE CHARGED YEARLY FOR AUTOMATIC RENEWAL

To pay by check, please fill out the next line & mail the check with this form:

Check #: _____ Bank Name: _____

Name on Check: _____ Amount: _____ Signature: _____

The A.D.S is a non-profit 501(c)(3) organization. And your contributions are tax deductible. Tax-exempt No. 23-7155194

Thank you for your support!