



United Lebanese Organization

MEMBERSHIP FORM

Membership Type

Regular (\$30) Associate (\$15) Student (\$15)

Member Information

First Name: _____ Last Name: _____

Spouse Name: _____

Children Name: _____ Date of Birth: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home phone: _____ Work phone: _____ Cell. Phone: _____

Email Address: _____

Member Join Date: _____ Date of Birth: _____

Job Title / Occupation: _____

Additional Information

I would like to receive communication: In the mail Via Email

I am interested in volunteering with tasks related to:

Social Events Monthly Newsletter Youth Programs
 Athletic Activities Teaching Fundraising

Member's Interests: _____

Comments: _____

Please sign and return this form with your dues, checks are payable to: United Lebanese Organization
United Lebanese Org., PO Box 6596 Irvine CA 92616 or visit www.unitedlebanese.com
If you have any question please call **(412)-LEBNANI** – (412) – 532-6264

Member Signature _____

Date _____