



# United Lebanese Organization

## MEMBERSHIP FORM

### Membership Type

Regular (\$30)       Associate (\$30)       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 50023 Irvine CA 92619 or visit [www.unitedlebanese.org](http://www.unitedlebanese.org)  
If you have any question please call **(412)-LEBNANI** – (412) – 532-6264

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date