



MEMBERSHIP/RENEWAL APPLICATION

Open to persons of Armenian descent or related by marriage to an Armenian

I (We) wish to renew or apply for an Armenian Allied Arts Association (AAAA) Membership. Enclosed is a/our check in the amount of: (Please check all that apply)

_____ \$30 Individual _____ New Member
_____ \$50 Couple _____ Renewal
_____ \$15 Full time Student Major _____
\$ _____ \$100 Business Sponsor \$ _____ Gift

Name _____ Phone: _____

Name _____ Phone: _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Special Interest(s): ART MUSIC LITERATURE
 DRAMA/FILM DANCE OTHER

Comments & Suggestions: _____

AAAA is a Section 501(c)3 tax exempt organization. Gifts and membership dues are tax deductible contributions in accordance with the Internal Revenue Code.

For information concerning contributions to specific categories, please call Maurice Yotnegparian at 818-553-1134

Please make check payable to: **Armenian Allied Arts Association (AAAA)** and mail to:

**Armenian Allied Arts Association
c/o Kathleen K. Kurkjian
3245 Fay Avenue
Los Angeles, CA 90034**

Signature(s) _____ Date _____

dedicated to promoting and encouraging new talent of Armenian descent for over 75 years

WWW.ARMENIANALLIEDARTS.ORG