

# Arab American Political Action Committee (AAPAC) Membership Application Rev. 4/16

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Information about employer is needed for reporting purposes. Please fill out accurately.

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor in the last 5 years? If yes, explain:

No: \_\_\_\_\_ Yes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Optional Questions

*The following questions are optional and are included for statistical purposes only. Applicants are invited to answer them, but are not required to do so. Applicants may answer all, some or none of the following questions:*

Sex: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ National Origin: \_\_\_\_\_

College Degree(s): \_\_\_\_\_

Citizenship: \_\_\_\_\_ If not US citizen, immigration status: \_\_\_\_\_

Party Affiliation: Democrat \_\_\_\_\_ Republican \_\_\_\_\_ Other \_\_\_\_\_ N/A \_\_\_\_\_

Please mail application to: AAPAC, P.O. Box 925, Dearborn, MI 48121 (or bring to meeting).  
Current Annual Membership fee: \$200.00 payable by check to AAPAC or money order.

For AAPAC use only

Received by AAPAC: \_\_\_\_\_ Payment: \_\_\_\_\_ Received Membership Committee: \_\_\_\_\_

Approved Membership Committee: \_\_\_\_\_ Approved AAPAC Membership: \_\_\_\_\_