



The American Druze Society
2012 MEMBERSHIP FORM

REMIT TO:
 ADS National Office • PO Box 17718 Sugar Land, TX 77479
Director@AmericanDruzeSociety.org • FAX (954)337-0995

Dear Fellow Druze,

Now is the time to JOIN or RENEW your ADS membership! Support your Chapter and the ADS in general and you will:

- Receive discounts on Local and National ADS events
- Exercise voting privileges in Local and National elections
- Subscribe to **"Our Heritage"** Magazines, E-Newsletters and Local Chapter Publications
- Get a secure login and password to the Digital Community and receive Member-Only benefits online
- Feel the satisfaction of contributing to YOUR society!

Membership dues must be paid to the National Office by April 30 in order to be eligible to participate in National Elections. 50% of Membership Fee goes to the local chapter regardless of where the form is sent.

Please complete the form below and submit it with your payment to your local chapter or to National as indicated above. CHECK APPROPRIATE BOX(ES)

MEMBERSHIP TYPE	NEW*	RENEWAL	AMT DUE
Lifetime Member - Husband and Wife			\$1,500.00
Lifetime Member - Individual			\$1,000.00
Husband and Wife w/Children 17 years of age and under			\$90.00
Individual (18 yrs+ and NOT a student)			\$50.00
Student Member (18 to 25 years old, with valid Student ID)			\$40.00
Friend of the Society – Druze only (discounts, no voting privileges)			\$35.00
Additional Contribution/Donation _____ (Please write designated Charity above - official charity list can be found at www.americandruzesociety.org)			
TOTAL AMOUNT DUE			

***IF NEW, Please Provide Two (2) ADS Member References with Contact Info (Emails or Phone Numbers). Thank you!**

Name/Contact: _____ Name/Contact: _____

FAMILY LAST NAME AS IT'S TO APPEAR IN ADS RECORDS: _____

Contact and Payment Information						
Member Name:		Phone (H)		Phone (W):		Phone (Cell):
Spouse Name:		Mailing Address:				
Child Name/Age		City:		ST:		Zip Code:
Child Name/Age		Email:		Alt Email:		
Child Name/Age		Pmt Method:	<input type="checkbox"/> Check	<input type="checkbox"/> Amex	<input type="checkbox"/> Visa	<input type="checkbox"/> MC Amt:
Child Name/Age		Credit Card Number:				Exp Date:
Child Name/Age		Security Code: 3 or 4-digit (On back of card near signature box)				
		Name as it Appears on Card:			Billing Zip Code:	
All contact and payment information is required to charge credit cards. At least one (1) 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 ___ FOR YOUR CREDIT CARD TO BE CHARGED YEARLY FOR AUTOMATIC RENEWAL (a reminder notice will be provided) If Paying by Check, please fill out the information below:

Check #: _____ Bank Name: _____ Name on Check: _____ Amt:\$ _____

In accordance with Internal Revenue Code, the ADS is a non-profit 501(c)(3) organization and your contributions are tax deductible. Tax-exempt No. 23-7155194

IMPORTANT: Membership coverage goes from January 1st to December 31st of each year.