Malawi Washington Association

Membership Form

Please PRINT all Information

☐ New Member ☐ Renewal Member ☐ Contributor

Name:_____

Address:_____

City: _____State: _____Zip Code_____

Home Phone: (___)_____ Work Phone: (___)_____

Cell Phone: (___)_____ Fax Number: (___)_____

Email Address: _____

Please indicate below any information that you do NOT want published in the MWA Directory:

_____

Please describe below any contribution you may be able to make to MWA, including time, special skills/talents, interests in serving on any MWA sub-committee:

_____

_____

_____

Find enclosed a check/money order for US $30.00 for single people and $60.00 for families for tax deductible (IRS approval pending) MWA membership, for calendar year _____ and/or US $_____ as a tax deductible contribution in support of MWA

Please send this form and your check/money order (payable to MALAWI WASHINGTON ASSOCIATION) to the Treasurer, Malawi Washington Association, 11228 Georgia Avenue, Suite 4, Silver Spring, MD 20902.

Malawi Washington Association, 11228 Georgia Avenue, Suite 4, Silver Spring, MD 20902.
Tel: (301) 962-4222, Fax: (301) 962-4223