



# AMACO

AMERICAN MOROCCAN ASSOCIATION OF COLORADO  
... SOCIAL, CULTURAL AND EDUCATIONAL ASSOCIATION



A NON PROFIT ORGANIZATION

11211 E. Colfax Ave Unit A Aurora, CO 80010

Tel: (303) 648-5187

## Amaco Membership Application Form

### Instruction:

1. This application must be completed in English using the Upper case letter and sent to above Address.
2. All items marked with an asterisk (\*) are required and must be completed.
3. This application must be signed and dated.
4. This application will not be processed without the membership fees.
5. Membership effective date is the application date.
6. All applicant must be 18 years or older.

### Applicant Information:

\_\_\_\_\_  
\*Last Name                      \* First Name                      MI                      \* Date of Birth (mm-dd-yyyy)

\_\_\_\_\_  
Spouse Last Name                      Spouse First Name                      MI

\_\_\_\_\_  
\* Street Address                      \*City                      \* State                      \* Zip Code

\_\_\_\_\_  
\*Home Phone                      Work/mobile Phone                      Email

\_\_\_\_\_  
Occupation

Status: \_\_\_\_ US Citizen, \_\_\_\_ Resident, \_\_\_\_ Non-Resident. (Optional)

\_\_\_\_\_  
Kid's First Name & age                      Kid's First Name & age                      Kid's First Name & age

\_\_\_\_\_  
Kid's First Name & age                      Kid's First Name & age                      Kid's First Name & age

### \* Fees Details:

\$15 per person per calendar year

\$25 per Family per calendar year

\_\_\_\_\_  
\*Applicant Signature                      \* Date

**FOR OFFICE ONLY**      Membership Start Date: \_\_\_\_\_      Membership End Date: \_\_\_\_\_

Cash     Check # \_\_\_\_\_      Amount \_\_\_\_\_      Tracking #: \_\_\_\_\_

Membership Type: \_\_\_\_ Active, \_\_\_\_ associate, \_\_\_\_ Need Info, \_\_\_\_ Approved \_\_\_\_\_

Received \_\_\_\_\_      By: \_\_\_\_\_      Processed on \_\_\_\_\_      By: \_\_\_\_\_