

YEMENI AMERICAN POLITICAL ACTION COMMITTEE

MEMBERSHIP APPLICATION

Name:					
Address:					
City, State, Zip:					
Home Phone:		Work I	Phone:		
Fax:	المح	Cell Ph	none:		
Email Address:				·	
Occupation:	3"	Emplo	yer:	'C	
Employer's Address: _	Q.		_	7	
Check membership cat	egory you are ap	plying for:			
Regular - \$100	Student - \$		etired/Senior Citizer	ı - \$25	Honorary
		IONAL QU			
The following questions and required to do so. Ap					ted to answer them but
Sex: Year o	f Birth:	Nation	al Origin:		
College Degree (s):		COMMIT	TEE \	17	
Citizenship:					
Party Affiliation:	Democrat	Republican	Other	N/A	
Signature:			Date:		
For YA-PAC use only:					
Date received:		Check N	Number:		
Amount: Memb			pership Number:		
Membership is valid	for only one yea	ır. All member	rships are individu	al, and are non-	transferable.