A.G.A.S.

Association of German-American Societies
of Greater Washington, D.C.
P.O. BOX 91071 WASHINGTON, D.C. 20090
www.agas.us

AGAS FULL MEMBERSHIP APPLICATION

NAME OF YOUR ORGANIZATION _____

_____

MAILING ADDRESS _____

_____

CONTACT PERSON(s) _____ TELEPHONE/FAX NUMBERS (____)_____

_____ (____)_____

EMAIL ADDRESS (If Any) _____

WEBSITE ADDRESS (If Any): http:// _____

WHAT ARE THE ACTIVITIES OR GOALS OF YOUR ORGANIZATION?
(you may use an additional sheet of paper & forward any promotional material you have)

_____

_____

WHY DOES YOUR ORGANIZATION WANT TO BECOME A MEMBER OF AGAS?
(you may use an additional sheet of paper)

_____

_____

WOULD YOU OR YOUR ORGANIZATION'S REPRESENTATIVE(s)

ATTEND MONTHLY AGAS MEETINGS?	YES_____	NO_____
PARTICIPATE IN AGAS ANNUAL EVENTS?	YES_____	NO_____
PARTICIPATE IN COMMITTEES?	YES_____	NO_____

ADDITIONAL COMMENTS, IF ANY

_____