

**Arabian Festivals Inc.
2010 Membership Application**



August 6, 7 & 8

Date: _____ Name: _____ Address: City & State: Zip: _____ Daytime Phone: _____ Evening Phone: _____ Email: _____ For use by AF board only: Date Received: _____ Entered on: _____ By: _____ Payment Method: ___ Cash ___ Check# _____ Arabian Festivals Inc. Member: _____	<p align="center">Type of Membership:</p> <p><input type="checkbox"/> Family \$50.00</p> <p><input type="checkbox"/> Single \$30.00</p> <p>Complimentary 2010 Ethnic Festival Tickets Please mark your choice as 1, 2, 3 as tickets are based on supply and not guaranteed:</p> <p>___ Pride Fest</p> <p>___ Polish Fest</p> <p>___ Festa Italiana</p> <p>___ German Fest</p> <p>___ African World Festival</p> <p>___ Irish Fest</p> <p>___ Mexican Fiesta</p> <p>___ Indian Summer Festival</p>
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Benefits of Membership Include:

1. 4 Complimentary Tickets to Arab World Fest with **Family Membership** or 2 Complimentary Tickets to Arab World Fest with **Single Membership**
2. 4 Complimentary Tickets to any ethnic festival listed above with **Family Membership** or 2 with **Single Membership**.
3. Coupons for each of the following restaurants:
 - ❖ *Abu's* ❖ *Casablanca* ❖ *Shi Chai*
 - ❖ *Aladdin*
4. Ability to run for the Board of Directors and vote in the elections of the Arabian Festivals, Inc.
5. Discounted admission to other events hosted by the AAC

I would like to make a one time donation to Arab World Fest in the amount of \$ _____, in addition to my membership.

Please make checks payable and send to: Arabian Festivals, Inc.

P.O. Box 517 Milwaukee, WI 53201-0517

Thank You for Your Support!
 Visit our website at www.arabworldfest.com.