

Arabian Festivals Inc.
2010 Store Membership Application



August 6, 7 & 8

Date:	Type of Membership:
Name:	
Address: City & State: Zip:	
Daytime Phone:	<input type="checkbox"/> \$100.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/> \$250.00 <input type="checkbox"/> Other _____
Evening Phone:	Complimentary 2010 Ethnic Festival Tickets Please mark your choice as 1, 2, 3 as tickets are based on supply and not guaranteed: <input type="checkbox"/> Pride Fest <input type="checkbox"/> Polish Fest <input type="checkbox"/> Festa Italiana <input type="checkbox"/> German Fest <input type="checkbox"/> African World Festival <input type="checkbox"/> Irish Fest <input type="checkbox"/> Mexican Fiesta <input type="checkbox"/> Indian Summer Festival
Email:	
For use by AF board only:	
Date Received: _____	
Entered on: _____ By: _____	
Payment Method: ___Cash ___Check#_____	
Arabian Festivals Inc. Member: _____	

Benefits of Membership Include:

1. 4 Complimentary Tickets to Arab World Fest with **\$100 Membership**, 6 with **\$250 Membership**, or 10 with **\$500 Membership**
2. 4 Complimentary Tickets to any ethnic festival listed above with **\$100 Membership**, 6 with **\$250 Membership** or 10 with **\$500 Membership**.
3. Donations of \$250 and up will have their name listed on the brochure and pyramid of sponsors.

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.