



AMERICAN DRUZE SOCIETY
2009 MEMBERSHIP FORM
January 1st through December 31st, 2009

Dear fellow Druze,

Now is the time to renew your ADS membership! You will receive many benefits from your ADS membership, like:

- Discount on Local & National ADS events,
- Voting privileges for Local & National elections,
- Quarterly subscription to “*Our heritage*” Magazine and local chapter publications,
- Card and Online Membership Privileges,
- The satisfaction of contributing to your society!!!

In order to fully capitalize on the benefits of becoming an official member of the American Druze Society, your membership dues must be paid to your local chapter or **the National Office** by **March 31st, 2009**. Anyone who becomes a member after March 31st, 2009, will not be eligible to participate in any Local or National elections for the 2009 calendar year. Your Chapter gets 50% of the membership fee regardless where you send the application.

 Please complete the form below and submit it with your payment to your local chapter or to National as indicated at the bottom. 50% of Membership fee goes to the local chapter regardless of where the form is sent. Rates are as follows:

___ Lifetime Member & Spouse	\$ 1,500.00
___ Lifetime Member	\$ 1,000.00
___ Husband & Wife	\$ 90.00
___ Individual (17 yrs. & older & not a student)	\$ 50.00
___ Individual (17 yrs. & older & attending school)	\$ 40.00
___ Friend of the society (*discounts only, no voting privileges)	\$ 35.00

___ Additional Contribution/Donation *(Please write the name of the Charity to be designated if you wish)* _____ \$ _____

Membership Name as it should appear in ADS Records: _____

Contact and Payment Information						
Member Name:		Phone (H)	Phone (W):	Phone (Cell):		
Spouse Name:		Billing Address:				
Child Name/Age		City:	State:	Zip Code:		
Child Name/Age		Email 1:		Email 2:		
Child Name/Age		Pmt Method:	<input type="checkbox"/> Check	<input type="checkbox"/> Amex	<input type="checkbox"/> Visa	<input type="checkbox"/> MC
Child Name/Age		Credit Card Number:				Amt:
Child Name/Age		3 or 4-digit Security Code is required			Exp Date:	
Child Name/Age		Name on Card:			Billing Zip Code:	
<p><u>All contact and payment information is required to charge credit cards. At least one phone number is required.</u></p> <p>I authorize the American Druze Society (ADS) to Charge the above amount to my credit card. I Understand that I am fully responsible for the stated amount.</p>						
_____					_____	
Authorized Signature					Date	

PLEASE CHECK HERE ___ IF YOU WISH YOUR CREDIT CARD TO BE CHARGED YEARLY FOR AUTOMATIC RENEWAL
 To pay by check electronically, please fill out the next line (No need for signatures if application is sent by email):

Routing # _____ Check #: _____ Bank Name: _____

Name on Check: _____ Amount: _____ Signature: _____

Please send this Form to the: * **ADS Tri-State Office - P.O. Box 388. River Edge, NJ 07661**
 * or via E-mail at adstristatechapter@yahoo.com
 * or via Fax at: **732. 543.7309**

ADS Phone : (732)415-4321