



Afghan Academy

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Alexandria, VA 22310
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Website: www.AfghanAcademy.org

فورمه عضويت باغ فردوس
ماهوار ۲۵ دالر - سالانه ۳۰۰ دالر

ID: _____

The Afghan Academy is a non-profit Organization and registered under Virginia (5010(C3) All membership dues are Tax deductible

Personal Information

Legal Name _____
Last First Middle

Gender: Male Female

Age: _____ Down Payment: _____ Type of membership: _____

Street Address: _____ APT# _____

City: _____ State: _____ Zip Code: _____

Phone #: Home: _____ Cell: _____ Work _____ Occupation _____

E-Mail Address: _____

Membership payment method and monthly amount (\$25 per month how much you would like to pay? \$)

Check cash Must be \$300 for one year

Credit card No _____ Code _____ Expire _____

Bank Name:

Routing No

Account Number

I authorize **Afghan Academy** to electronically debit my bank account according to the terms outlined below.

I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Starting on _____ (Please select one option):

\$ _____ Deduct my monthly membership fee electronically from my account (monthly).

\$ _____ Deduct my yearly membership fee electronically from my account (once a year).

This payment authorization is to remain in effect until I notify **Afghan Academy** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Your Signature: (محل امضا) _____

