



# Afghan Academy

6265 Franconia Rd  
Alexandria, VA 22310  
(571)347-7670

Website: [www.AfghanAcademy.org](http://www.AfghanAcademy.org)

فورمه عضویت فیرفکس مموریال پارک  
ماهوار ۲۵ دالر – سالانه ۳۰۰ دالر

F 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) \_\_\_\_\_

