



Membership Application

Membership Fee \$35.00 per year

Full Name: _____

Mailing Address: _____

E-mail Address: _____

Home Phone: _____

Alternate Phone: _____

Date: _____

Please make check payable to **SAWA**, and send it along with application to the Association's Secretary at the following address:

Syrian American Women's Charitable Association
Post Office Box 1699
Herndon, VA 20172

Any questions, call 703-834-7224 or
301-424-1823 or
feedback@sawa.org
www.sawa.org

All contributions to SAWA are tax deductible,
Tax ID # 52-1855866