



APPLICATION FOR MEMBERSHIP

I am interested in furthering the objectives of the charity and wish to apply for membership of the International Arab Charity. I enclose £20 as my annual subscription.

Name _____

Address _____

Telephone _____

Mobile _____

Email _____

Signature _____

Date _____

Please make cheques payable to:

International Arab Women's Council

And return your subscription to:

**The Membership Secretary
International Arab Charity
PO Box 48625
London NW8 0LX**

Membership is open to all individuals (men and women) over the age of 18.

Thank you for your support.

Email: info@iac67.com

Website: www.iac67.com

PO Box 48625, London NW8 0XL

International Arab Women's Council Charities Fund Registered Charity No.275862