

Voice of the Nile
P.O. Box 6339
Albany, CA 94706
U. S. A



Coptic Association
4Copts@4Copts.org
http://www.4copts.org
Non-Profit # 57-1136879

Voice of the Nile Coptic Association is an independent chapter of the American Coptic Association

Membership Application

A. Name and Phone:					
Last		First		MI	
B. Permanent Mailing Address					
Number	Street	Apt. No	City	State	Zip Code
C. Other Communication Contacts					
Home: Phone		Fax:		Email	
Work: Phone		Fax:		Email	
D. Personal Information					
Birth Place			U.S. Citizen?		
			Yes <input type="checkbox"/>		No <input type="checkbox"/>
Profession		Highest Education level		Universities/Colleges attended	

Please check all applicable languages you know, and indicate the level of fluency, 3 is the highest

		<u>Read</u>	<u>Write</u>	<u>Speak</u>	
Arabic	<input type="checkbox"/> fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Minimal
English	<input type="checkbox"/> fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = Somewhat fluent
German	<input type="checkbox"/> fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 = Fluent
French	<input type="checkbox"/> fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spanish	<input type="checkbox"/> fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Italian	<input type="checkbox"/> fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate the kind of contribution you are willing to make to support the Copts.

Creating news Article Archives	<input type="checkbox"/>	Responding to the media	<input type="checkbox"/>
Preparing lectures about the Copts	<input type="checkbox"/>	Giving lectures about the Copts	<input type="checkbox"/>
Meeting Officials locally	<input type="checkbox"/>	Meeting Officials in D.C. or NY	<input type="checkbox"/>
Calling Officials	<input type="checkbox"/>	Writing to Officials	<input type="checkbox"/>
Other (Specify) _____			

Please tell us about your interests, activities, and hobbies.

Middle East History	<input type="checkbox"/>	Islamic History and Theology	<input type="checkbox"/>
Middle East Politics	<input type="checkbox"/>	European History and Politics	<input type="checkbox"/>
Drawing and Painting	<input type="checkbox"/>	Playing Musical Instrument _____	<input type="checkbox"/>
Writing	<input type="checkbox"/>	Acting	<input type="checkbox"/>
Singing	<input type="checkbox"/>	Reading	<input type="checkbox"/>

Did you serve in the Egyptian military in any of the following periods?

1948 1956 1967 1973

Annual Membership Dues:

Adult (18 years & over)	\$ 25
Family Membership (husband & wife, each must complete separate application)	40
Senior Citizen or Student	15

Method of Payment

Check

Money Order

Amount Paid

Membership dues _____

Additional donation _____

Total _____

Make your check payable to Voice of the Nile Coptic Association to the above address

Information about individuals is collected strictly for internal use, and will be treated as confidential. Data may be reported in cumulative statistics, that will not identify any individuals.

For more information about membership please contact Fayez El Giheny at (810) 398-6012
Or send email to: 4copts@4copts.org. More information is also on line: www.4copts.org