



Albuquerque Council for International Visitors

MEMBERSHIP FORM

Name: _____

Company/Organization: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Phone: _____

Current/Previous Occupation _____

Languages spoken _____

I am interested in participating in:

Home Hospitality Escorting Programming Office Help Other

Membership Level:

<input type="checkbox"/> Patron	\$500
<input type="checkbox"/> Supporter	\$250
<input type="checkbox"/> Small Business (under 7 employees)	\$100
<input type="checkbox"/> Family Membership	\$ 75
<input type="checkbox"/> General Member.....	\$ 50
<input type="checkbox"/> Senior Member (65 and over)	\$ 25
<input type="checkbox"/> Young Professional (15 through 25)	\$ 35
<input type="checkbox"/> Student (18 and under)	\$ 10

Please send this completed form and your check payable to “ACIV” to:

ACIV
P.O. Box 30485
Albuquerque, NM 87190

Questions? Call 505—888-1867