



**American Moroccan Institute
Membership Application/Renewal**

Name: _____

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City: _____ State: _____ Zip: _____

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Profession: _____

Institution / Employer: _____

Areas of Interests:

- | | |
|---|--|
| <input type="checkbox"/> Humanities & Social Sciences | <input type="checkbox"/> AMI Publications |
| <input type="checkbox"/> International and Global Affairs | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Economic & Business | <input type="checkbox"/> AMI Column |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Academic Exchange |
| <input type="checkbox"/> Media & Communication | <input type="checkbox"/> Events Planning |
| <input type="checkbox"/> Moroccan Community Service | <input type="checkbox"/> Other: _____ |

We need your support for AMI activities. Membership categories appear below. Members' benefits include AMI publications, Invitations to AMI conferences and events, and access to conferences, research projects, and fellowship offerings. AMI dues and contributions are tax-deductible.

- | | |
|--|------------------------------------|
| Individual Memberships | <input type="checkbox"/> \$ 50.00 |
| Multiple Memberships (same address) | <input type="checkbox"/> \$ 70.00 |
| Institutions | <input type="checkbox"/> \$ 100.00 |
| Donations to the American Moroccan Institute | \$ _____ |

Please mail the form along with the check to:

**American Moroccan Institute
P.O. Box 250815
New York, NY 10025**