

**WOMEN'S ALLIANCE FOR PEACE AND HUMAN RIGHTS AFGHANISTAN (WAPHA)
MEMBERSHIP FORM**

Name: _____

E-mail: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Email: _____

Phone Number: _____

Membership Donation: \$40.00 \$80.00 \$100.00

Other Amount: _____

Print out and mail form to:

**Women's Alliance for Peace and Human Rights in Afghanistan
P. O. Box 77057
Washington, DC 20013-7057**

THANK YOU FOR YOUR SUPPORT