



The Armenian Church of Atlanta Membership Application

P.O. Box 415 • Riverdale, Ga. 30274

Name _____ Spouse Name _____

Children Names and Ages

Address _____
Street

City State Zipcode

Telephone (Home) _____

(Business) _____

Yearly Family Membership \$40

Single Membership \$20

Please make membership checks payable to the Armenian Church of Atlanta