



NATIONAL HELLENIC SOCIETY

MEMBERSHIP APPLICATION

PERSONAL INFORMATION:

First Name: _____ MI ____ Last Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____ Home Fax: _____
Date of Birth: _____ Email: _____
Name of Spouse: _____ Children: _____
University/College(s) Attended: _____
Name Day (or Greek name): _____ Family Roots in Greece: _____

Please forward a high resolution, digital photo for inclusion in Member Directory to mk@hellenicsociety.org

BUSINESS INFORMATION:

Title/Occupation: _____ Company Name: _____
Business Address: _____ City: _____ State: ____ Zip: _____
Industry: _____ Office Phone: _____
Email: _____ Assistant's Name: _____
Assistant's Email: _____ Assistant's Phone: _____

PREFERRED CONTACT:

Mail: Home Office Email: Home Office Phone: Home Office Mobile

Please consider serving on one or more of the following NHS committees:

- Annual Event Chapter Involvement Membership Mentoring Programs

NHS MEMBERSHIP

Membership fees are a non-binding, moral obligation and are tax-deductible under § 501 (c)(3) of the Code.

- I wish to join NHS through an annual \$2,500 membership donation

PAYMENT METHOD:

- Enclosed is my check payable to the National Hellenic Society, Inc.
 Credit Card Type (circle one) AMEX VISA MC OTHER: _____

Name on Card: _____ Exp Date (mm/yyyy): _____
Card Number: _____ CVV Code: _____
Bill my Credit Card: Annual One-Time Payment Recurring Annual Payment Monthly Installments
Billing Address (home/office): _____

Applicant's Signature: _____ Date: _____
Endorser's Signature: _____ Date: _____