



CARPATHO-RUSYN SOCIETY
Promoting, Preserving and Celebrating Carpatho-Rusyn Culture
Gift Membership Application Form

Mail form to: Carpatho-Rusyn Society * Attn: Membership * 915 Dickson Street * Munhall, PA 15120-1929

Name (please print clearly): _____

Address (complete address): _____

City/State/zip code+4: _____

Phone: _____ Email Address: _____

Membership Type & Dues: ___ Regular \$30 ___ Senior \$25 ___ Group \$50 ___ Student \$20

___ 2 Seniors in 1 household \$30 (Example: spouse, relative or roommate) 2nd Name: _____

Note: Senior is defined as 65 years of age or older.

___ Family \$35 (2 or more regular members in 1 household included children) 2nd Name: _____

Children's Name(s): _____

If more space is needed, use back of form.

Chapter/Branch Affiliation (select one): [] Carolinas, NC&SC; [] Cleveland; [] Dallas; [] Delaware Valley;
 [] Eastern PA; [] Florida; [] Georgia; [] Lake Erie; [] Lake Michigan; [] National Capital, DC; [] New England;
 [] New Jersey; [] New York; [] Pacific Northwest; [] Southwest PA; [] No Chapter Affiliation

Check if applicable: ___ Do not list my phone number in the membership directory
 ___ Do not list any of my other personal information in the membership directory

Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO THE CARPATHO-RUSYN SOCIETY
COMPLETE THE INFORMATIN BELOW ONLY IF YOU ARE PAYING BY CREDIT CARD

<p>Print Name and Address of person on the credit card:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p>	<p>Check One:</p> <p>___ Master Card</p> <p>___ Visa</p> <p>___ Discover</p> <p>Amount to be charged:</p> <p>\$ _____</p>	<p>For credit card payment ONLY please fill in the information below:</p> <p>_____ / _____</p> <p>Card Number Exp. Date</p> <p>Card Security Code (3 or 4 digits): _____</p> <p>_____</p> <p>Cardholder's name (print clearly)</p> <p>_____</p> <p>Cardholder's Signature</p>
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[Official use by Nat'l C-RS: Date: _____ Date Received: _____ Check #: _____]