

APPLICATION FORM

To Join

EVRYTANIAN ASSOCIATION OF AMERICA "VELOUCHI"

121 Greenwich Road Suite 212 * Charlotte, NC 28211 * Tel.: (704) 366-6571, Fax: ((704) 366-6678

email: velouchi@bellsouth.net * www.velouchiusa.org

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TO THE BOARD OF DIRECTORS:

I would like to become a member of the Evrytanian Association of America "Velouchi".

I submit my personal information, and I would like, upon approval of my application, to receive a statement regarding my annual membership dues, the By-Laws and any other information regarding your Association.

Thank for your consideration.

PERSONAL INFORMATION

NAME: _____
Last First Middle initial

ADDRESS: _____
Number Street

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ Cell: (____) _____ Fax: (____) _____

E-MAIL ADDRESS: _____

PLACE OF BIRTH: _____
Country State City or Village

DATE OF BIRTH: ____/____/____ SINGLE: ____ MARRIED: ____

NUMBER OF CHILDREN: ____ (boys ____ girls ____) OCCUPATION: _____

Spouse name: _____

Village in Evrytania: _____ Spouse _____

Local Chapter #: _____ Member at Large: _____

Signature Date