



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: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

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): _____

Note: If more space is needed, use back of form.

Check if applicable: ___ Do not list my phone number in the online membership directory

___ Do not list any of my other personal information in the online membership directory

Name of Person Giving Gift (Please Print): _____

Signature: _____ Date: _____

**MAKE CHECKS PAYABLE TO THE CARPATHO-RUSYN SOCIETY
COMPLETE THE INFORMATION 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>___ Amer. Express</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 #: _____]