



### CARPATHO-RUSYN SOCIETY

Promoting, Preserving and Celebrating Carpatho-Rusyn Culture

### New Member 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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MAKE CHECKS PAYABLE TO THE CARPATHO-RUSYN SOCIETY

#### COMPLETE THE INFORMATION BELOW ONLY IF YOU ARE PAYING BY CREDIT CARD

<b>Print</b> Name and Address of person on the credit card:	<b>Check One:</b> <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amer. Express	For credit card payment <b>ONLY</b> please fill in the information below:
_____ _____ _____ _____	<b>Amount to be charged:</b> \$ _____	_____ / _____ Card Number Exp. Date
<b>Phone:</b> _____		<b>Card Security Code (3 or 4 digits):</b> _____
		Cardholder's name (print clearly)
		Cardholder's Signature

[Official use by Nat'l C-RS: Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_]