



NATIONAL HELLENIC SOCIETY

Membership Application

Personal Information

First Name _____ MI _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Home Fax _____
Email _____ Cell Phone _____
Date of Birth _____ Name of Spouse _____
Children _____

Business Information

Occupation _____ Company Name _____
Business Address _____ City _____ State _____ Zip _____
Office Phone _____ Office Fax _____
Email _____ Assistant's Name _____

Preferred Contact

Mail ☐ Home ☐ Office **E-mail** ☐ Home ☐ Office

Please Consider Serving on One or More of the NHS Committees

☐ Region/Chapter Involvement ☐ Membership ☐ Greek American External Relations
☐ Programs ☐ Enrichment/Parea ☐ Annual Event

NHS Membership*

choose one

☐ I wish to join NHS as a Lifetime Member by contributing \$50,000 payable over 10 years, with a minimum payment of \$2,500 annually
☐ I am 40 years of age or younger and wish to join NHS as a Lifetime Member by contributing \$25,000 payable over 10 years, with a minimum payment of \$2,500 annually
☐ I wish to join NHS through an Annual Membership of \$2,500
☐ Enclosed is my check payable to the National Hellenic Society, Inc. in the amount of \$ _____
☐ Credit Card Type (circle one) AMEX VISA MC Other
Name on Card _____ Expiration Date (mm/yy) _____
Card Number _____ CVV Code _____
Billing Address (Home/Office) _____

Applicant's Signature _____ Date _____

Endorser's Signature _____ Date _____

*Membership fees are a moral obligation.