

C-RS New Member's Application Only



Payable to: Carpatho-Rusyn Society
 Send Application to: Carpatho-Rusyn Society / Membership
 915 Dickson Street Munhall, PA 15120-1929
 C-RS Phone 412.567.3077 Web Site: <http://www.c-rs.org/>

Name (please print clearly) _____

Address (complete address) _____

City/State/ZipCode _____

Phone: _____ E-mail Address: _____

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

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

___ Two Seniors \$30 in one Household (Example spouse, relative or roommate) Second Name _____

___ Family \$35 (2 or more regular members in one household includes children) Second Name _____

Children's Name(s) _____

___ While I do not wish membership at this time, here is my contribution toward your work \$ _____

Signature _____ Date _____

Additional Family Rusyn Ancestry Information will be requested in your C-RS welcome letter

(DO NOT FILL OUT: DATE _____ CHECK # _____ DATE REC'D _____) Revised 02/17/2008

___ Gift Membership from _____

COMPLETE THE INFORMATION BELOW, ONLY IF YOU ARE PAYING BY CREDIT CARD
 OTHERWISE ENCLOSE A CHECK PAYABLE TO: **CARPATHO-RUSYN SOCIETY!!!!!!**

<p><u>PRINT</u> NAME AND ADDRESS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE _____</p>	<p>X <u>CHECK ONE</u></p> <p>___ MASTER CARD</p> <p>___ VISA</p> <p>AMOUNT TO BE CHARGED</p> <p>\$ _____</p>	<p>FOR CREDIT CARD PAYMENT, <u>ONLY</u> PLEASE FILL IN INFORMATION BELOW</p> <p>_____ _____</p> <p>CARD NUMBER EXP. DATE</p> <p>_____</p> <p>CARDHOLDER NAME (PRINT CLEARLY)</p> <p>_____</p> <p>CREDIT CARD SIGNATURE</p>
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C-RS ACCEPTS MASTER CARD AND VISA ONLY !!!!!