



**CARPATHO-RUSYN SOCIETY**  
**Promoting, Preserving and Celebrating Carpatho-Rusyn Culture**  
**New 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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): \_\_\_\_\_

**If more space is needed, use back of form.**

Chapter/Branch Affiliation (select one): [ ] Carolinas, NC&SC; [ ] Cleveland; [ ] Dallas; [ ] Delaware Valley;  
 [ ] Eastern PA; [ ] Florida; [ ] Georgia; [ ] Lake Erie; [ ] Lake Michigan; [ ] National Capital, DC; [ ] New England;  
 [ ] New Jersey; [ ] New York; [ ] Pacific Northwest; [ ] Southwest PA; [ ] No Chapter Affiliation

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

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

**MAKE CHECKS PAYABLE TO THE CARPATHO-RUSYN SOCIETY**  
**COMPLETE THE INFORMATIN BELOW ONLY IF YOU ARE PAYING BY CREDIT CARD**

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

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