AMERICAN HELLENIC ATHLETIC FOUNDATION

Established 2010
Non-Profit Organization 501C(3)

MEMBERSHIP APPLICATION

[redacted]

LAST NAME: _____

FIRST NAME: _____

I PREFER TO BE KNOWN AS: _____ Birthday: ____/____/____

ADDRESS: _____ COUNTRY _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (Cell) ( ) _____ (Work) ( ) _____ (Home) ( ) _____

EMAIL: _____ Comments: _____

Please mark (X) all Activities in which you have an interest:

___Basketball ___Bowling ___Golf ___Soccer ___Softball ___Tennis ___Volleyball

___Publicity ___Fund Raising ___Newsletter

Your membership in the AMERICAN HELLENIC ATHLETIC FOUNDATION ("AHAF") will remain in effect until one of the conditions listed below should occur:

1. Your voluntary resignation from the organization is submitted to the Board of Directors ("Board") or to a person or entity authorized by the Board to accept such resignation on their behalf...and/or,
2. Your membership is terminated by a majority vote of the Board.

Signature: _____ Date: ____/____/____
Applicant

For Office Use Only

Membership Approved AS OF: ____/____/____

BY: _____ _____
Secretary—AMERICAN HELLENIC ATHLETIC FOUNDATION ("AHAF") Membership Number