



# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

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

How did you hear about United Moravian Societies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to become a member of United Moravian Societies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other organizations you belong to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Return completed application, along with \$20.00 membership dues, to:*

*United Moravian Societies  
c/o Viktor Kuru  
166 N Brandon Drive  
Glendale Heights IL 60139*

