

HELLENIC AMERICAN WOMEN'S COUNCIL

H A W C



MEMBERSHIP APPLICATION

Please complete this application form completely. We are updating our database to ensure all your contact information is correct. Include your preferred E-Mail Address, as it will be our main form of communication.

Name _____

Preferred E-Mail Address _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Are you interested in joining any committees/activities? Please circle all that apply.

Youth Affairs	Public Relations	Fundraising
Membership	Communications	Educational/Cultural
	Website	Other: _____

Membership dues :

Individual: \$75.00

Lifetime: \$1,000.00

Student - under 25: \$50.00

Institutional: \$250.00,

Please join online at www.hawcnet.org or mail the application with your check to:

HAWC

P.O. BOX 65196

WASHINGTON, DC 20035