



The Hellenic Society PROMETHEAS

MEMBERSHIP APPLICATION FORM

Date: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE--HOME: _____ WORK: _____

E-MAIL: _____

YES, I want to join as a memver of the The Hellenic Society Prometheas.

I am especially interested in the following types of events (check all that apply):

Social: _____ Cultural: _____ Musical: _____ Other(specify): _____

Annual Membership: Regular member \$30, Students \$5

Please make your check payable to:

The Hellenic Society Prometheas, Inc. and mail it to:

6700 Landon Lane, Bethesda, MD 20817.

Contact Telephone: (301) 229-9389, Web Site: WWW.Prometheas.org

Please send a membership application to the following individuals:

Name/Address: _____

Name/Address: _____

Name/Address: _____