



The Hellenic Society PROMETHEAS

MEMBERSHIP APPLICATION

Date: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE--HOME: _____ WORK: _____

E-MAIL: _____

YES, I want to join The Hellenic Society Prometheas as a dues paying member.

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

Social: ___ Cultural: ___ Musical: ___ Kyklos Group: ___ Hellenic Writers Group: ___

Other (specify): _____

Annual Membership Dues: Regular member: \$40, Student: \$5

Please make your check payable to:

**The Hellenic Society Prometheas, Inc. and mail it to:
6506 Bells Mill Rd., Bethesda, MD 20817**

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

Please send the membership application to the following individuals:

Name/Address/email: _____

Name/Address: _____

V7: October, 2015