



# 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:  
5101 River Road, Apt. 315, Bethesda, MD 20816**

**Contact Telephone: (301) 529-6112, email: [lfteris.karmiris@verizon.net](mailto:lfteris.karmiris@verizon.net)**

**Please send the membership application to the following individuals:**

**Name/Address/email: \_\_\_\_\_**

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**Name/Address: \_\_\_\_\_**