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: $50,** **Student: $5**

Your Attention Please:

1. **Donations beyond the basic dues are sincerely appreciated.**
2. **Please help us simplify our processes by choosing to pay online by credit card or PayPal using the following link:**

https://prometheas.org/membership/

Otherwise, please make your check payable to The H.S. Prometheas, Inc. and mail it to:

The H.S. Prometheas, c/o Hellenic Center, 6506 Bell Mills Rd., Bethesda, MD 20817

For further information contact: PrometheasDC@prometheas.org

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