



SLOVAK AMERICAN SOCIETY  
OF WASHINGTON D.C.

**MEMBERSHIP APPLICATION / DONATION FORM**

Individual membership (\$25/year) \$ \_\_\_\_\_  
Family membership (\$35/year) \$ \_\_\_\_\_

**Tax-deductible donation (optional):**

City University Scholarship Fund \$ \_\_\_\_\_  
SASW General Fund \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please Circle Your Selections:**

Contact me to help out with SASW events:                      Yes                      No

Send my copy of the Newsletter via (**Select One**):                      USPS Mail                      Email

Please mail this form and a check made payable to the “*Slovak American Society of Washington, DC*” to:

**SASW Membership**  
**P.O. Box 2502**  
**Springfield, VA 22152-2502**

This membership runs through 12/31/2021.