

## MEMBERSHIP APPLICATION / DONATION FORM

Memberships	3	
Annual – Individual (\$25	\$	
Annual – Family (\$35		
Lifetime – Individual (Under Age 65 - \$250)	) \$	
Lifetime – Individual (Over Age 65 - \$150)	) \$	
**Lifetime – Family (\$400		
Tax-deductible donation (optional)	<del></del>	
City University Scholarship Func	l \$	
NSCML Endowmen	t \$	
SASW General Fund	1 \$	
Total amount enclosed	: \$	
Name(s):		
Address:		
nutress.		
Telephone:		
E-Mail:		
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 2215	2-2502

Annual memberships run through 12/31/2025.

<sup>\*\*</sup>Please note that the lifetime family membership only covers two persons aged 18 or older living in the same household at the same address.