



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 12/31/2019.