



### ALL SLAVONIC-AMERICAN ASSOCIATION MEMBERSHIP

Date \_\_\_\_\_ This is a  new membership  renewal of membership

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Ph. # \_\_\_\_\_ Email \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Additional children on back, please

### ANNUAL MEMBERSHIP DUES

Individual-----\$25.00 (Please check Membership Type)

Husband & Wife-----\$40.00

Family Plan-----\$50.00 (Includes children 18 and under, living at home, or student supported by parents)

**Please Make Checks Payable to ASAA**

**Mail To:** ASAA  
c/o Donna Bronzan  
112 Green Oaks Dr.  
Visalia, CA 93277

For Membership Secretary Use
------------------------------