ΟΜΟΣΠΟΝΔΙΑ ΕΛΛΗΝΟΑΜΕΡΙΚΑΝΙΚΩΝ ΟΡΓΑΝΩΣΕΩΝ
Η ΕΝΩΣΙΣ

FEDERATION OF HELLENIC AMERICAN ORGANIZATIONS
ENOSIS

ORGANIZATION INFORMATION

Organization Name: _____

Year Established: _____

Primary Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Website / Social Media (optional): _____

LEADERSHIP INFORMATION

President:

Full Name: _____

Phone Number: _____

Email Address: _____

Secretary:

Full Name: _____

Phone Number: _____

Email Address: _____

Treasurer:

Full Name: _____

Phone Number: _____

Email Address: _____

ΟΜΟΣΠΟΝΔΙΑ ΕΛΛΗΝΟΑΜΕΡΙΚΑΝΙΚΩΝ ΟΡΓΑΝΩΣΕΩΝ
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MEMBERSHIP DETAILS

- To be eligible for membership in the Federation, each Organization must have a minimum of fifteen (15) members.
- Organizations are required to submit a complete and accurate list of their members by February 15 of each calendar year. The list must be signed by the Organization's President and General Secretary and must include, for each member: Name and Mailing Address or Email
- By submitting this sign-up sheet, the Organization acknowledges and agrees to these requirements.

Total Number of Active Members:

Memberships Representatives / Dues:

☐ **$100** 2 Representatives (1-50 Members)

☐ **$150** 3 Representatives (51-75 Members)

☐ **$200** 4 Representatives (>76 Members)

I certify that the information provided above is accurate and that I am authorized to submit this application on behalf of the organization.

Name**:**

Title**:**

Signature:

Date:

For Office Use Only

Date Received:			
Reviewed By:			
Approval Status:	☐ Approved	☐ Pending	☐ Denied