



Hellenic Society of Constantinople

Ελληνικός Σύλλογος Κωνσταντινουπολιτών

APPLICATION FOR MEMBERSHIP

Name(in English): _____

Name (in Greek): _____

Address _____ City _____ State _____ Zip _____

Phone _____ (Email) _____

DESCENDENT FROM CONSTANTINOPLE (if applicable) BY:

Birth _____	Town/Village Name _____
Spouse _____	Town/Village Name _____
Parents _____	Town/Village Name _____
Grandparents _____	Town/Village Name _____
In-Laws _____	Town/Village Name _____

I, _____, hereby apply for membership to the Hellenic Society of Constantinople, and if accepted, agree to abide by the Constitution, by-laws, rules, regulations and amendments thereto as may be in force or may hereafter be enacted, and to obey its duly constituted authorities.

ANNUAL DUES: _____ Single Member \$30.00 _____ Family Membership \$35.00
(includes 1 adult & children under 18) (includes 2 adults & children under 18)

Please enclose this form with your check made payable to **Hellenic Society of Constantinople** and mail to: HSOC Treasurer, Eva Courialis Thomas, 2507 Cobblewood Drive, Northbrook, IL 60062.

Signature _____ Date _____

www.HellenicSocietyofConstantinople.org

Date Received: _____ Signed By: _____

Last Rev 1/22