



ALL SLAVONIC-AMERICAN ASSOCIATION MEMBERSHIP

Date _____ This is a ☐ new membership ☐ renewal of membership

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

* Slavic Surname / Family Name (if different from above) _____

Ph. # _____ Email _____

Spouse's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

(List additional children on back)

ANNUAL MEMBERSHIP DUES—Check One

() Individual\$25.00 Name _____

() Husband & Wife \$40.00 Names _____

() 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 David Bronzan
112 W. Green Oaks Dr.
Visalia, CA 93277

For Membership Secretary Use