

GERMAN EUROPEAN AMERICAN SOCIETY
Membership Application

1. Name of Applicant: (Mr./Mrs./Ms)

_____ Tel. _____
(first) (middle) (last)

2. Name of spouse (if both applying)

(first) (middle) (last)

3. Home address

(street) (city) (state) (zip)

4. Mailing address (if different from above)

(street or P.O. box) (city) (state) (zip)

5. E-mail address _____

_____ Check here if you don't want your e-mail address published

6. Place of birth - (city & country)

Date of birth - month & day

(husband)

(wife)

8. Names of Sponsors

Signatures of Sponsors

9. I (we) hereby make application for membership in and agree to conform to the Bylaws

and Amendments thereof the German European American Society of Virginia, Inc
and in application therefore, I (we) certify the above.

Date: _____

Signature _____

(husband)

(wife)

Date Application Rec'd _____

Amount of fees rec'd \$ _____(cash/check)

Date Applicant(s) Posted _____

Date Applicant(s) voted on _____

Accepted _____

Not Accepted _____

Revised 03/03/09