



HELLENIC UNIVERSITY CLUB OF PHILADELPHIA

MEMBERSHIP APPLICATION

Name _____
Last First Middle Maiden

Home Address _____

City _____ State _____ Zip _____

Phone _____ Preferred E-mail _____

Occupation/Title _____

Company/Organization/Institution _____

Professional Address _____

City _____ State _____ Zip _____ Phone _____

ACADEMIC DEGREE INFORMATION

Degree	College or University	Campus Address	Graduation Year

Are you of Greek descent? Yes No

Have you been a HUC member previously? Yes No

If the answer is yes, indicate year(s) _____

Applicant's signature _____ Date _____

(Continued on the back)

APPLICANT INFORMATION

Date of Birth _____ Place of Birth _____
City State Country

From what region(s) of Greece do you or your family originate?

Marital status _____

Spouse's Name _____

Child(ren)'s Name _____

Name _____

Name _____

The Hellenic University Club Constitution and Bylaws offers membership to individuals of Greek descent who hold a bachelor's degree or higher and who support the Mission of the Club. Spouses of members having the necessary academic qualifications are also eligible for membership.

By invitation of the Board, membership may also be offered to others who have the same academic credentials and who have shown by their interest, work, or accomplishments that they support the Club's Mission.

The Mission of the Hellenic University Club of Philadelphia is both educational and social. We bring together Greek-Americans and others who wish to learn more about the subjects and ideas rooted in Hellas/ Greece and to celebrate 4,000 years of Greek culture. We strive to keep Greek culture thriving in the Greater Philadelphia region and to carry forward into the future our rich and ancient heritage.

Annual dues per **individual** are sixty-five dollars (**\$65.00**). Eligible couples should apply on separate application forms. The annual dues per **couple** are one hundred dollars (**\$100.00**). Annual dues for **recent graduates** (*those who have received their bachelor's degree within the past three years*) are thirty dollars (**\$30.00**) per person. A check payable to the **Hellenic University Club of Philadelphia** should be attached to the submitted application. Send application to HUC of Philadelphia, Mr. Peter Douvres, Membership Chairman, 820 Flittertown Road, Hammonton NJ 08037-2626 or to Hellenic University Club of Philadelphia, PO Box 42199, Philadelphia PA 19101-2199.

If you have questions, please contact **Peter Douvres, Membership Chairman**, by email at pdouvres@hotmail.com or by phone at 609-561-3061.

FOR OFFICE USE ONLY		
Membership Chair _____	Membership Approved (Date) _____	
Check Number _____	Amount _____	Date _____