

MEMBERSHIP APPLICATION

Full Name:	
Title:	
Organization:	
Address:	
City:	State:
Zip:	County:
Phone:	
Email:	
Full-time Staff:	Part-time Staff:
Referred by:	

PRIMARY MISSION

- Advocacy/Public Policy
- Arts, Culture & Humanities
- Child & Family Services
- Crime & Legal Related
- Education
- Employment/Job Related
- Health Services & Programs
- Housing Services
- International, Foreign & National
- Media
- Recreation, Leisure, Sports, Athletics
- Other: _____

PAYMENT METHOD

Total Amount Enclosed:

YEARLY MEMBERSHIP DUE \$120

CHARGE

Visa MasterCard Discover American Express

CHECK

Enclosed, payable to **Vatandosh Uzbek American Federation** (mail to the address below)

Card #:	
Name on Card:	
Expiration Date:	Billing Zip:
Signature:	

**VATANDOSH
UZBEK-AMERICAN
FEDERATION**
Cultural & Community Center

Mail Completed Application to:
Vatandosh Uzbek American Federation
2667 Coney Island Ave, Brooklyn, NY 11223
Fax.: 212-372-3050

Join Online at:
www.vatandosh.org