

ΔΙΑΧΡΟΝΙΚΟΣ
ΕΛΛΗΝΙΣΜΟΣ



ΟΙΚΟΥΜΕΝΙΚΟ
ΑΡΚΑΔΙΚΟ ΧΡΕΟΣ

Pan Arcadian Federation of America

APPLICATION FOR MEMBERSHIP

Name of Chapter _____

City, State _____

Chapter Number _____

Initiation Fee: \$ _____

I, _____, hereby apply for membership to the _____
(your name here) (Chapter Name)

Chapter of the Pan Arcadian Federation of America, and if accepted, agree to abide by the constitution, by-laws, rules and regulations, and amendments thereto as may be in force or may hereafter be enacted, and to obey its duly constituted authorities. I further agree that for any grievance that may arise, I shall seek regress solely and exclusively from my chapter and, if dissatisfied, appeal its decision to the Supreme Lodge of the Federation, whose decision shall be final.

PERSONAL DATA

Name in English: _____ Date of Birth: _____ / _____ / _____
Name in Greek: _____ Marital Status: _____ Single _____ Married
Address: _____ Children: Name: _____ Age: _____
City and State: _____ Name: _____ Age: _____
Zip Code: _____ Name: _____ Age: _____
Telephone: _____ Occupation: _____
Citizenship: _____ Business Phone: _____
Email address: _____

DESCENDED FROM ARCADIA BY:

Birth: _____ Town or Village: _____
Spouse: _____ Town or Village: _____
Parents: _____ Town or Village: _____
Grandparents: _____ Town or Village: _____
In-Laws: _____ Town or Village: _____

I have read the foregoing application and certify that all statements contained herein are true.

(Signature of Applicant) DATE: _____ / _____ / _____

Date of acceptance by Chapter: _____ 20__

Date of acceptance by District: _____ 20__

Date received at the National Headquarters: _____ 20__

Signed by: _____ (Chapter President)

_____ (Chapter Secretary)

_____ (PFA Supreme Secretary)