



Bulgarian American Cultural Educational Society (BACES)

Application for Membership

MEMBERSHIP: Members are bound by their common culture, traditions, heritage and Bulgarian language. To become a member you must meet at least one of the following criteria:

* **Be of Bulgarian descent** Yes No

* **Be a spouse of a member of BACES** Yes No . If you check yes, please write the name of your spouse:

Personal information

First Name:

Last name:

Address:

City:

State:

Zip code:

Phone:

E-mail:

Place of Birth:

U.S. Citizen: Yes No

U.S. Permanent Resident: Yes No

Emergency contact (optional)

Phone:

Relationship

The undersigned respectfully requests to become a member of the Bulgarian-American Cultural Educational Society. If accepted, I agreed to abide by all rules, policies, regulations and bylaws of the Society. All information contained in this application is true and correct.

Applicant Signature:

Date:

Do not write below this line.

The applicant is approved by the Board of Directors. Yes No

Secretary:

Signature:

Date:

President:

Signature:

Date: