



STS. CYRIL AND METHODIUS BULGARIAN EASTERN ORTHODOX MISSION

APPLICATION FOR MEMBERSHIP

Date: _____

I, _____ would like to become a member of the Sts. Cyril and Methodius Bulgarian Eastern Orthodox Mission.

I willingly accept the Bylaws of the Mission, and I will respect and honor the responsibilities entailed in a spirit of brotherhood, sisterhood and volunteerism.

Type of Membership (circle one): Family, Single, Student.

Name(s) _____

Address _____ Street,

City _____, State _____, Zip _____

Day-time phone _____, Evening phone _____

Cell Phone _____, E-Mail _____

List name(s) and age(s) of all children under 18 years old:

Annual Dues: \$ _____ (Per Family: \$50, Single: \$25, Student: \$12.50)

Monthly donations for current expenses: \$ _____ (Optional)

I intend, as a Steward of the Lord, to give to my Church in the coming year _____ for the Church Building Fund: \$ _____ (Optional)

Signature: _____