



For AWOG use only. AWOG ID# \_\_\_\_\_  
AREA: \_\_\_\_\_

**THE AMERICAN WOMEN'S ORGANIZATION OF GREECE**

**(AWOG)**

**MEMBERSHIP APPLICATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Telephone/land line \_\_\_\_\_ Cell \_\_\_\_\_

e-mail \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth: Day and Month \_\_\_\_\_ (optional)

U.S. Citizenship? (please check) YES \_\_\_\_\_ NO \_\_\_\_\_

Occupation \_\_\_\_\_ Would you donate blood? \_\_\_\_\_ Blood type \_\_\_\_\_

**Special Interests and Talents (please check those that apply to you)**

Computers \_\_\_\_\_ Writing \_\_\_\_\_ Art Work/Graphic Design \_\_\_\_\_ Photography \_\_\_\_\_

Music \_\_\_\_\_ Publicity/Public Relations \_\_\_\_\_ Sponsorships \_\_\_\_\_ Fundraising \_\_\_\_\_

Crafting \_\_\_\_\_ Sewing \_\_\_\_\_ Stuffing Heart Pillows \_\_\_\_\_ The AWOG Christmas Bazaar \_\_\_\_\_

Community Service Visitations \_\_\_\_\_ Hands-On Volunteering at Institutions AWOG Supports \_\_\_\_\_

Accounting \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Non-American citizens residing in Greece and proficient in English may become members upon written application that must be signed by two current AWOG members.

**Names of Sponsors**

\_\_\_\_\_

\_\_\_\_\_

Sponsor #1

Sponsor #2

Full name and signature: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Membership dues are 40 (forty) Euros annually and must be paid before the first General Assembly, usually held in March of each year. Payment can be made into the AWOG bank account or given to the area rep.