



APPLICATION FOR MEMBERSHIP

Name of Chapter: Arcadians of Denver City: Denver State: CO Chapter Number: 106
Initiation Fee: \$ 50

I, _____, here apply for membership to the Arcadians of Denver 106
(your name here) (Chapter Name and Number)

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 DATE

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:		

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:	Date:
Date of acceptance by District:	Date:
Date received at the National Headquarters:	Date:
Signed by:	(Chapter President)
	(Chapter Secretary)
	(PFA Supreme Secretary)

Please make your \$50 check payable to "The Arcadians of Denver, Chapter 106"

Please mail the check with your Membership form to: The Arcadians of Denver
1050 S. Monaco Pkwy.
Unit 69
Denver, Co 80224