

MEMBERSHIP APPLICATION

Lithuanian Citizens' Society of Western Pennsylvania
1721-25 Jane Street
Pittsburgh, PA 15203

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Date of Birth: _____ Over 18 years old? Yes No

What is your Lithuanian Heritage? Mother Father U.S. Citizen? Yes No

I hereby certify that the above answers are true to the best of my knowledge.

Signature: _____

Date: _____

Sponsor: _____ Sponsor: _____

Status: Accepted Rejected Date: _____