

MEMBERSHIP APPLICATION

**Lithuanian Citizens' Society of Western PA
904 Coal Valley Rd, Jefferson Hills, PA 15025**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Are you at least 18 years of age? _____ Applying for Voting Social Membership

What is your Lithuanian Heritage? Mother Father

By my signature below, I attest to the truth of the information above and apply for membership

Signature: _____ Date: _____

Sponsor: _____ Sponsor: _____

Status: Accepted Rejected Date: _____ Secretary Initial: _____

One application per member. Two current members must sponsor each application. The appropriate initiation fee must accompany each application. Balance of yearly dues is payable on acceptance. Rev. 2/17