

AHF Membership Registration / Renewal Form

Please make checks payable to:		Please select your membership level:	
American Hungarian Federation		Individual	[]\$56
2001 Massachusetts Ave, NW		Patron	[]\$100
Washington DC 20036		Freedom Circle	[]\$195.60
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Register or Renew Online at:		Student (Include copy of student ID)	[]\$25
www.americanhungarianfederation.org		Donation	[]\$
Date:	_/		
Last Name: First Name:			
Street Address:			
City:		State: Zip	:
Phone 1: (one 1: ([] Business [] Home [] Mobile		
Phone 2: ()	[] Business [] Home [] Mobile	
E-Mail*:			
THUNGARIAN A PE	*Please include a valid email. Email is AHF's primary communication method. AHF strictly maintains your privacy. Cut Here and Return to Bottom Portion to Member		
W College Coll	RECEIPT: THIS PORTION FOR AHF USE ONLY		
FOUNDED 1908	_	lunteer, 501(C)(3) non-profit, charitable and educable. Please consult your financial advisor and keep	- :
DATE:	NAME:		
Membership Le	evel:		_
Donation Amou	unt: \$		
SIGNED:		TITLE:	