



NEW YORK HUNGARIAN CONNECTION

Membership Application Form

Date: _____

Name: _____

Address: _____

E-mail Address: _____

E-mail List Preference:

- NYHCPlus
(NYHC events and other programs)

- NYHC
(NYHC events only)

If application is for couples:

Spouse's Name: _____

Spouse's E-mail: _____

Membership fee: \$ _____

Contribution: \$ _____

Total: \$ _____

\$ _____

Check no.: _____

Make check payable to *New York Hungarian Connection*.

Please print this page and send it together with your check to the postal address you receive via e-mail from nyhconn@yahoo.com.

Receipt of application form and payment will be acknowledged via e-mail.