



Membership Form 2005

DATE: _____ RENEWAL OR NEW _____

NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: () _____ EMAIL: _____

MEMBERSHIPS:

_____ Individual \$10 _____ Family \$15 _____ Student \$5

For family memberships, please list additional names:

Suggestions for programs and activities: _____

Are you willing to do a program? _____ Yes _____ No

If yes, what type of program? (explain):

Are you willing to serve on a committee? _____ Yes _____ No

Are you willing to work as a volunteer? _____ Yes _____ No

Knowledge of Slovak Language:

_____ Speak _____ Write _____ Translate

Special knowledge and skills: _____

Briefly describe your Slovak background and/or heritage.

Are you willing to be interviewed for an oral history project? _____ Yes _____ No

Persons you would recommend for an interview: _____

MAIL CHECK, AND COMPLETED FORM TO:
Slovak Heritage Association of the Laurel Highlands
P.O. Box 203 Johnstown, Pa. 15907-0203
(412) 922-2235 - email: slovaklh@aol.com