

**HELLENIC LINK MIDWEST
A SCIENTIFIC AND CULTURAL LINK WITH GREECE
ΕΛΛΗΝΙΚΟΣ ΕΠΙΣΤΗΜΟΝΙΚΟΣ ΚΑΙ ΠΟΛΙΤΙΣΤΙΚΟΣ ΣΥΝΔΕΣΜΟΣ**

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MEMBERSHIP APPLICATION FORM

Name (First): _____ (Middle): _____ (Last): _____

Home Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Home-phone: _____ Fax: _____ e-mail: _____

Business (Company & Address): _____

Business Phone: _____ Fax: _____ e-mail: _____

Preferred mailing address: (check one): ()-Home, ()-Business

HIGHER EDUCATION (College/University)

Institution, Field of Study _____

Degree & Date _____

Specialization: _____

Work Description: _____

I hereby certify that the above information is correct, that I am familiar with the goals of Hellenic Link Midwest, and I subscribe to them.

Signature: _____ **Date:** _____

Annual dues – check off one

Regular – Single \$40.00 ____ **Regular member and spouse \$50.00** ____

Associate – non-degreed, non-voting member – Single \$40.00 ____ **Associate – non-degreed, no voting member and spouse \$50.00** ____

Undergraduate or graduate student – reduced rate, non-voting member – single \$15.00 ____