| brotherhood pontion “panagia soumela” of toronto **MEMBERSHIP APPLICATION** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: | | | | | |
| Date of birth: | | | Cell phone: | | Phone: |
| Current address: | | | | | |
| City: | | | State: | | ZIP Code: |
| E-mail: | | | | | |
| Pontian roots: | YES:  NO: | If yes write down the area of Pontos :  If yes write down the migration country village or city (Greece, Russia or other : | | | |
| Spouse Information (FAMILY membership) | | | | | |
| Name: | | | | | |
| Date of birth: | | | Cell phone: | | Phone: |
| E-mail: | | | | | |
| Pontian roots: | YES:  NO: | If yes write down the area of Pontos :  If yes write down the migration country village or city (Greece, Russia or other : | | | |
| Children INFORMATION (FAMILY membership) | | | | | |
| Name: | | | | Date of birth: | |
| Name: | | | | Date of birth: | |
| Name: | | | | Date of birth: | |
| Name: | | | | Date of birth: | |
| Name: | | | | Date of birth: | |
| Signatures | | | | | |
| I authorize the verification of the information provided on this form. I have received a copy of this application.  I authorize publishing photos of me and my kids from events to Brotherhood’s webpage, and social media.  YES: NO: | | | | | |
| Signature of applicant: | | | | | Date: |
| Signature of spouse(only if for a joint membership): | | | | | Date: |