

# CROATIAN AMERICAN SOCIETY – MEMBERSHIP APPLICATION



January 2023 thru December 2023

P.O. Box 367 Belle Chasse, LA 70037

Please fill out the appropriate sections below & mail your payment or bring it to the next Croatian Function.

## ANNUAL DUES TIERS

ADULT INDIVIDUAL: \$100.00

SENIORS (70+ years of age) : \$50.00

JUNIORS (children under 18): \$25.00

YOUNG ADULT (ages 18-25): \$50.00

### ADULT INDIVIDUAL MEMBERSHIP APPLICATION

New Member    Renewal    Change of address

Title:	Name:	<b>\$100.00</b>
Street Address:		
City, State, Zip:		
Phone #:		
Email:		

Title:	Name:	<b>\$100.00</b>
Street Address: (If different)		
City, State, Zip:		
Phone #:		
Email:		

### SENIOR (Over 70) MEMBERSHIP APPLICATION

New Member    Renewal    Change of address

Title:	Name:	<b>\$50.00</b>
Street Address:		
City, State, Zip:		
Phone #:		
Email:		

Title:	Name:	<b>\$50.00</b>
Street Address: (If different)		
City, State, Zip:		
Phone #:		
Email:		

**YOUNG ADULT (age 18-25) MEMBERSHIP APPLICATION**

New Member    Renewal    Change of address

Title:	Name:	AGE:	<b>\$50.00</b>
Street Address: (If different)			
City, State, Zip:			
Phone #:			
Email:			

Title:	Name:	AGE:	<b>\$50.00</b>
Street Address: (If different)			
City, State, Zip:			
Phone #:			
Email:			

Title:	Name:	AGE:	<b>\$50.00</b>
Street Address: (If different)			
City, State, Zip:			
Phone #:			
Email:			

Title:	Name:	AGE:	<b>\$50.00</b>
Street Address: (If different)			
City, State, Zip:			
Phone #:			
Email:			

**JUNIOR (under 18) MEMBERSHIP APPLICATION**

Name:	Age:	<b>\$25.00</b>
Name:	Age:	<b>\$25.00</b>
Name:	Age:	<b>\$25.00</b>
Name:	Age:	<b>\$25.00</b>
Name:	Age:	<b>\$25.00</b>
Name:	Age:	<b>\$25.00</b>
Name:	Age:	<b>\$25.00</b>

<b>Total:</b>	<b>Method of payment:</b> <input type="radio"/> Check <input type="radio"/> Cash <input type="radio"/> Credit Card (available at some functions)