



Bulgarian - American Cultural Educational Society of California
Application for Membership

Personal Information

Last Name:	First Name:
Mailing address:	
E-mail:	Phone:
Date of birth:	
Marital status:	Name of spouse:
Children:	
Occupation:	
Please list any history of civic or charitable involvement, including volunteer experience:	
Areas of interest for potential contribution(s):	
<i>Employer (optional):</i>	
<i>Position (optional):</i>	<i>Length of association (optional):</i>

Member Recommendations

Please provide the names of two BACES members in good standing who are willing to serve as your references and will commit to becoming involved in your participation in Club activities.

Name:	E-mail and/or Phone:
Name:	E-mail and/or Phone:

I certify the above is true and respectfully request to become a member of the Bulgarian - American Cultural Educational Society of California. If accepted, I agree to abide by the Rules and Regulations and Bylaws of the Society, as well as pay the annual membership dues, currently set at \$60.

Applicant name:	Date:	Signature:
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*Please mail the completed form to **13547 Ventura Blvd, #191, Sherman Oaks, CA 91423-3825** and optionally email to **membership@baces.org** for faster processing. Applicant must mail the signed form in.*

Administrative Section

The Membership Committee recommends that the application be approved and has provided notification to all members. Following a 10-day period for objection, the Board has reviewed and approved the application.

Membership Chair:	Date:	Signature:
Secretary:	Date:	Signature: