



## **MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WE SEND OUT ALL CORRESPONDENCE VIA EMAIL. SHOULD YOU PREFER US MAIL PLEASE CHECK HERE \_\_\_\_\_

WE NEED THE HELP OF OUR MEMBERS Please tell us what you would like to help us with?

I am not interested in serving on a committee at this moment; I just want to be a member \_\_\_\_\_

I am interested in helping in Social Activities/Events w/ residents \_\_\_\_\_

I am interested in helping with Fundraising / Marketing \_\_\_\_\_

I am interested in helping w/ building renovations/decorations /Facility Beautification \_\_\_\_\_

I am interested in helping w/ liturgy/church activities w/ residents \_\_\_\_\_

I am interested in helping w/ ground maintenance and gardening w/residents \_\_\_\_\_

I am interested in serving on the Finance Committee \_\_\_\_\_

I am interested in serving on the Board of Directors \_\_\_\_\_

My professional experiences or skills that may help organization: \_\_\_\_\_

### **ANNUAL MEMBERSHIP \$75 per person**

**Make check payable to HWBA, mail both check and this application to:**

Hellenic Women's Benevolent Association, 601 Sherman St, Canton, MA 02021

**Pay online at:** <https://tinyurl.com/HWBADonate> Drop-down to "Membership" add amount and don't forget to email this application to: [hwba@thehellenichome.org](mailto:hwba@thehellenichome.org)

**Questions: Call 781-828-4549 More info see:** <https://hellenicnursingandrehabilitationcenter.org/>

*Thank you for becoming a Member of Hellenic Women's Benevolent Association!*

FOR OFFICE USE ONLY: Check # \_\_\_\_\_ On-Line: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
revised 2-2025