



# FEDERATION OF CYPRIOT AMERICAN ORGANIZATIONS

## CHAPTER'S MEMBERSHIP APPLICATION

Month: \_\_\_\_\_ Year: \_\_\_\_\_ to Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Annual Membership Dues: \$100.00**

### Chapter's Information

Chapter's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website : \_\_\_\_\_

Geographic area served: \_\_\_\_\_ Which state the organization was incorporated: \_\_\_\_\_

Tax Status: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

### Chapter's President

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. By signing this membership application the undersigned acknowledges as having being, read and understood a copy of the FCAO's Bylaws.
2. The signed application is subject to review by FCAO and membership eligibility will be determined by the Board of Directors.
3. As per FCAO Bylaws in addition to your membership dues, you must submit with the application the following documents:  
(a) Chapter's Bylaws (b) List of 25 Members in Good Standing (c) Chapter's Executive Board Members Information Form
4. Membership is based on a calendar year. (January - December)
5. Membership dues will be accepted only if the application is approved. If the application is declined, membership dues will be returned. A letter to notify you of your acceptance or disapproval will be sent.
6. Membership dues are non-refundable and must be paid by Chapter's Corporate check payable to FCAO.

#### Form Completed By:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Check No. \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail, fax or e-mail this form to:

FCAO 4-05 26th Avenue, Astoria, New York, 11102

Fax: (718) 440-8719, E-mail: [info@fcaousa.org](mailto:info@fcaousa.org)