



Slavonian American Benevolent Society

2306 N 30th ST
Tacoma WA 98403



Membership Application

As a member I will work to preserve and promote the traditions and heritage of the Croatian people. To encourage the use and knowledge of the Croatian language. To contribute to the Nation and Community of the United States as a Free People.

Applicant(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone(s): _____

E-mail: _____

I/We _____ hereby apply for membership into the **Slavonian American Benevolent Society (SABS)** of Tacoma Washington and agree, if accepted, to abide by the by-laws of the Lodge and to assist in ways open to me to further its policies and objectives.

To be eligible for membership in the **Slavonian American Benevolent Society** you must be (check one):

Of Croatian Descent Spouse/Children's Name(s) _____

Married to a Croatian Spouse/Children's Name(s) _____

(Use back of sheet if necessary to list additional names.)

List the name and birthplace of one family member of Croatian descent:

Applicant Signature

Please include your first year's membership dues (\$50 – Individual (18 years & older), or \$100 – Couple/Family – (Includes children 17 & under) with your application.

Make your check *Payable* to **S.A.B.S** (Slavonian American Benevolent Society)

Referred/Sponsored by (If applicable) _____

The Board of Directors having examined the above application on this _____ day of _____ 20____

Approves

Rejects

The applicant's application for membership to the **Slavonian American Benevolent Society**.

Signature - Chairperson/Board of Directors _____