MEMBERSHIP APPLICATION FORM

1. Fill this form out
2. Enclose a your check payable to COLORADO WELSH SOCIETY
3. Mail to: **Colorado Welsh Society**
   P. O. Box 103192
   Denver, CO 80250

Name(s): _____

Email Address _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

MEMBERSHIP LEVELS

Single	$20	$
Student	$15	$
Senior (65 yrs. & up)	$15	$
Family	$30	$
Newsletter Only	$10	$
I wish to add a donation in the amount of (tax deductible)		$
Total:		$

Please indicate your Areas of Interest:

☐ Choir ☐ Language Class ☐ Genealogy

☐ Dance ☐ Festivals ☐ Cultural Series

Other: _____

THE COLORADO WELSH SOCIETY IS A REGISTERED 501C (3) NON-PROFIT ORGANIZATION