

# The Macedonian Businessmens Club



Attention: Mr. Peter Vass  
822 Portage Trail West #1A  
Cuyahoga Falls Ohio, 44221

## Membership Application

1. **Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Years in Area:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

2. **Married \ Single:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_

**Names of Children:** \_\_\_\_\_

\_\_\_\_\_

3. **Are you or a member of your family of Macedonian Heritage? Explain:**

\_\_\_\_\_

4. **Which club member recommended you for membership? Explain:**

\_\_\_\_\_

5. **Place of employment or name of business. Explain:**

\_\_\_\_\_

6. **Are you affiliated with any other Organization or Group? Explain:**

\_\_\_\_\_

**7. Please explain below why you would like to be a member of the Macedonian Businessmen's Club?**

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**8. Please Indicate the committees you would be interested in:**

Membership  Ways and Means  Scholarship  
 Public Relations  Club Events  Charity Work

**The information is correct to the best of my knowledge.**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Membership Committee:**

**Approved:** \_\_\_\_\_

**Disapproved:** \_\_\_\_\_

**Reason Disapproved:** \_\_\_\_\_

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**Signature of Secretary: X** \_\_\_\_\_ **Date:**

**Signature of Sponsoring Member: X** \_\_\_\_\_ **Date:**