



AHF Membership Registration Form

Please check the appropriate box:

Please make checks payable to:
 American Hungarian Federation
 c/o Sandor Murray, Treasurer
 2805 56th Place
 Woodside NY 11377

- Individual Member** [] \$56
- Patron Level Member** [] \$100
- 1956 Freedom Fighter Level Member** [] \$195.60
- Col. Commandant Michael Kovats Circle** [] \$1956.00
- Local Organization** [] \$56.00
- National Organization** [] \$250
- Student** (please include copy of student ID) [] \$25
- Donation** (if applicable, specify program in notes) [] \$ _____

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

Business Tel: (_____) _____

Home Tel: (_____) _____

Mobile Tel: (_____) _____

Fax: (_____) _____

***E-Mail:** _____

*Please include your email. Email is AHF's primary communication method. AHF strictly maintains your privacy.

----- Cut Here and Return to Member -----



RECEIPT: THIS PORTION FOR AHF USE ONLY

The American Hungarian Federation (AHF) appreciates your support. AHF is non-profit 501c(3) corporation. Your donations may be tax deductible.

DATE: _____

NAME: _____

AMOUNT RECEIVED: _____ **Additional Donation:** _____

PROGRAM FUNDED (if applicable): _____

SIGNED: _____
 Treasurer, American Hungarian Federation