# AHF Membership Registration / Renewal Form

**Please make checks payable to:**
American Hungarian Federation  
2001 Massachusetts Ave, NW  
Washington DC 20036

Register or Renew Online at:  
[www.americanhungarianfederation.org](http://www.americanhungarianfederation.org)

**Please select your membership level:**

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>[ ] $56</td>
</tr>
<tr>
<td>Patron</td>
<td>[ ] $100</td>
</tr>
<tr>
<td>Freedom Circle</td>
<td>[ ] $195.60</td>
</tr>
<tr>
<td>Col. Kováts Circle</td>
<td>[ ] $1956.00</td>
</tr>
<tr>
<td>Organization</td>
<td>[ ] $100</td>
</tr>
<tr>
<td>Student (Include copy of student ID)</td>
<td>[ ] $25</td>
</tr>
<tr>
<td>Donation</td>
<td>[ ] $_______</td>
</tr>
</tbody>
</table>

**Date:** ______ / ______ / __________

**Last Name:** ____________________  
**First Name:** ____________________

**Street Address:** __________________________________________________________

**City:** __________________________________________  
**State:** _____________  
**Zip:** _____________ - ______

**Phone 1:** (____________)___________________  
[ ] Business  
[ ] Home  
[ ] Mobile

**Phone 2:** (____________)______________  
[ ] Business  
[ ] Home  
[ ] Mobile

**E-Mail**: __________________________________________________________

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

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**RECEIPT: THIS PORTION FOR AHF USE ONLY**

The American Hungarian Federation is an all-volunteer, 501(C)(3) non-profit, charitable and educational organization (TIN: 34-1253539). All donations may be tax-deductible. Please consult your financial advisor and keep this for your records.

**DATE:** ____________________  
**NAME:** ____________________

**Membership Level:** __________________________________________________________

**Donation Amount:** $________________________

**SIGNED:** ____________________  
**TITLE:** ____________________

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