

THE HELLENIC AMERICAN PROFESSIONAL SOCIETY of CALIFORNIA

Application for Membership*

Part I (complete both parts)

PLEASE BLOCK PRINT

NAME (Last, First, Middle) _____

HOME ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE NUMBERS (H) _____ (W) _____

(CELL) _____ (FAX) _____

E-MAIL ADDRESS _____

PROFESSION/OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

MEMBERSHIP TYPE (check appropriate box)

ACTIVE MEMBERSHIP \$35

ASSOCIATE MEMBERSHIP \$25

STUDENT FREE

SPOUSE OF ACTIVE MEMBER

PHILHELLENE

Make check payable to "Hellenic American Professional Society" and mail payment and application to:

Yannis Paulus, MD, HAPS President
385 Curtner Ave, Apt Q
Palo Alto, CA 94306

Signature of Applicant _____

Date signed _____

* All applications subject to Executive Board approval. Date elected into membership _____

(Continue to next page for Part II of application)

THE HELLENIC AMERICAN PROFESSIONAL SOCIETY
Application for Membership (Part II)

PLEASE BLOCK PRINT

NAME (Last, First, Middle) _____

Are you of Hellenic descent? Yes No

Place of birth _____

NAME OF SPOUSE _____

Is your spouse of Hellenic descent? Yes No

Place of birth _____

Profession/Occupation _____

EDUCATION OF APPLICANT

UNDERGRADUATE WORK

College/University _____

Location _____

Years _____

Major _____

Degree _____

College/University _____

Location _____

Years _____

Major _____

Degree _____

GRADUATE WORK

College/University _____

Location _____

Years _____

Major _____

Degree _____

College/University _____

Location _____

Years _____

Major _____

Degree _____