

MEMBERSHIP APPLICATION FORM

ARMENIAN GENERAL BENEVOLENT UNION

Հայկական Բարեգործական Ընդհանուր Միութիւն

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2010

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I wish to apply for membership to the AGBU London Branch and enclose herewith my cheque number for the sum of £for subscription.

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Date of Birth: _____

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If you are already a member of the AGBU please give the branch name and country:

Please state your areas of interest within the AGBU:

Please give the names of two proposers who are also members of the AGBU:

Full Name: _____

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Date: _____

Signature: _____

Please return this form to Miss Karine Kouyoumdjian, Hon. Membership Secretary, AGBU London, 64 Haven Green Court, Haven Green, Ealing, London, W5 2UY.

For enquiries please e-Mail karine.kouyoumdjian@agbu.org.uk or call 020 8992 1152.