

Atlanta Finland Society, Inc. (AFS)

Membership Form for Fiscal Year
August 1, 2018 - July 31, 2019

Family Name _____ First Name _____
Spouse Family Name _____ First Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____ Cell 2 _____
E-mail _____

Membership fees

1. AFS Family \$25/year \$ _____
2. AFS Student \$10/year \$ _____
3. AFS Single \$20/year \$ _____
4. Donation for school \$ _____

Make check payable to: **Atlanta Finland Society, Inc.**

Send payment with membership form to:

AFS c/o Arja Hanninen

144 W. Ridge Way, Roswell, Ga 30076

I allow AFS to share my contact information with other AFS members. Initials _____

Non-discrimination clause: Atlanta Finland Society, Inc (AFS) is a non-profit organization and admits members of any race, color, nationality, religion, and ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to members of the organization. It does not discriminate on the basis of color, religion, national or ethnic origin in administration of its policies, membership policies, educational programs and other programs, or activities and events.

Signed by member

Signed by spouse