

СВЕТИ ИВАН РИЛСКИ

St. John of Rila

*Българска Православна Църква
Bulgarian Orthodox Church*

P.O. Box 2644, Fairfax, Virginia 22031-0664

Telephone: (703) 278-0559

Washington, DC & Baltimore Regions

MEMBERSHIP APPLICATION

Name:			
Address:			
Home tel:		Cell:	
e-mail:			

Type of Membership (please check one):

Single (\$35)

Family (\$45)

Other Family Members (if Family Membership is checked above)	
1.	
2.	
3.	
4.	

Please send this application with your payment to the above address or hand it over to the Secretary of the Church Board at any Church event.

You (and the members of your family – for family membership) will be issued a Church Membership Certificate and Membership Card(s).

Signature: _____ Date: _____