



ARMENIAN YOUTH FEDERATION  
 Youth Organization of the ARF • Eastern USA • Central Executive

ՀԱՅ ԵՐԻՏԱՍԱՐԴԱՅ ԴԱՇՆԱԿՑՈՒԹԻՒՆ  
 ՀՅԴ Երիտասարդական Միություն • Արևելեան ԱՄՆ • Կեդրոնական Վարչություն

**SENIOR APPLICATION**

Chapter: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Birthplace: \_\_\_\_\_

To what organizations do you belong? \_\_\_\_\_

Have you even been a member of an ARF Youth Organization? \_\_\_\_\_

If YES, where? \_\_\_\_\_ When? \_\_\_\_\_

How did you hear about the AYF? \_\_\_\_\_

What are your reasons for applying for membership in the AYF-YOARF? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

*I make this application of my own free will and hereby attest that the above information is correct.*

FOR CHAPTER USE ONLY

Date of Approval/Oath: \_\_\_\_\_

Chapter President: \_\_\_\_\_

Chapter Secretary: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date