



ARMENIAN YOUTH FEDERATION

Youth Organization of the ARF • Eastern USA • Central Executive

ՀԱՅ ԵՐԻՏԱՍԱՐԴԱՅ ԴԱՇՆԱԿՑՈՒԹԻՒՆ

ՀՀԴ Երիտասարդական Միություն • Արեւելեան ԱՄՆ • Կեդրոնական Վարչութիւն

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