

Application for Membership to the American Women's Organization of Greece (AWOG)

www.awogreece.org/about/ awoggives@gmail.com



Last Name:-----

First Name:-----

Date of birth:-----

Citizenship:-----

e-mail:-----

mobile phone number:-----

phone number:-----

address:-----

afm (tax number):-----

tax registry office:-----

I would like to become a member of the American Women's Organization of Greece.

I understand that the official language the organization is English and that

I must be a fluent speaker to participate.

Signature:-----

Date:-----

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