

**PRINT CLEARLY**

***(Separate form for each Member)***

**One member per form:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**CITY/STATE/ZIP:**

\_\_\_\_\_  
**Special Skills/Talents:**

\_\_\_\_\_  
**EMAIL ADDRESS:**

\_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**BIRTHDATE (MM/DAY)** \_\_\_\_\_

**ANNIVERSARY DATE:** \_\_\_\_\_

**Spouse name:** \_\_\_\_\_

**Note: Membership is \$20 / year/ person**

**Check payable to: Magyar Club of Dayton**

**Mail This Form & Check to:**

**P.O. Box 63, Englewood, OH 45322**

**Please fill out each section– thank you!**

**Amount Paid: \$** \_\_\_\_\_

**Email: [MagyarClubOfDayton@gmail.com](mailto:MagyarClubOfDayton@gmail.com)**

**2025**