



Український Освітньо-Культурний Центр Ukrainian Educational and Cultural Center

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UECC Membership Application

Please enroll me as a member of the Ukrainian Educational and Cultural Center.

Type of membership (check one):

Full membership (\$250): _____ Associate membership (\$25): _____

Contact information:

Last Name: _____

First Name: _____ M.I. _____

Name of spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Other Phone: _____

Email address: _____

Each \$250 contribution entitles you to a single share (vote) as a full member of the UECC. Full membership entitles you to significant discounts in fees for space at the UECC and other benefits.

I agree to the terms and conditions of membership as defined in the By-Laws of the UECC

Signature: _____ Date: _____