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MEMBERSHIP APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Children's Names, Age, Occupation \_\_\_\_\_

I HEREBY APPLY FOR LIFE MEMBERSHIP IN THE UKRAINIAN INSTITUTE OF AMERICA

PLAN A: \$1,000.00 Membership -Initiation Fee, payable in full with submission of Application

PLAN B: \$250.00 payable with submission of Application; Balance payable within three (3) years with 25% minimum annual payment.

Membership-Initiation Fee is tax deductible. Tax Identification number: 13-1832391

Names and addresses of three persons (at least one of whom is UIA member) who know you:

(1) Name \_\_\_\_\_ Address \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_

(3) Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of Sponsor (UIA Member) \_\_\_\_\_

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

Date \_\_\_\_\_

Board approved \_\_\_\_\_ Date \_\_\_\_\_