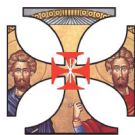


PHILOPTOCHOS

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



2018 Membership/Per Capita Remittance Form

Philoptochos Membership Enrollment Due: March & by December 10th

Date: _____ Chapter#: _____

Chapter Name: _____

Church's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

President's Name: _____ Phone#: _____

E-mail: _____

Treasurer's Name: _____ Phone#: _____

Email: _____

Check #: _____ Amount: \$_____ for _____ Members @ \$15ea for the year of _____

Please Remember That:

- **Two signatures** are required on all checks
- \$15.00 per member as adopted at the 2013 Fall Conference.
- Include the name and address of your Church and Chapter # on your check
- **Enclose a list of members (including their address, phone# and e-mail) who have paid their per capita dues for the year.**
- **In addition, please send an electronic copy of your membership list to office@sfphiloptochos.org.**
- Please indicate new members and associate members.
- Send **National Philoptochos** your Membership List including names, addresses, etc.(As of January 2011, National's per capita is \$15 per member)
- **Please do NOT staple or tape checks**
- **Send checks to:**

Metropolis of San Francisco Philoptochos
P.O. Box 230516
Encinitas, CA 92023

We appreciate and thank you for your cooperation in assisting us to keep our records current.
If you have any questions, please call the Metropolis Office.