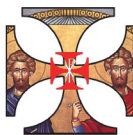


PHILOPTOCHOS
GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



2021 Membership/Per Capita Remittance Form
Philoptochos Membership Enrollment Due: March & by December 10th

Date: _____ Chapter #: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Chapter President: _____ Telephone: _____

E-mail: _____

Chapter Treasurer: _____ Telephone: _____

E-mail: _____

Check #: _____ Amount: \$ _____ for _____ Members @ \$15 ea 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 membership@sfphiloptochos.org in the provided Excel spreadsheet ONLY.**
- 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 9954
Rancho Santa Fe, CA 92067

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.

-----For Office Use Only-----
Date Received: _____ Date Check Deposited & Initials: _____ Date Form Scanned & Initials: _____