

LBVŠ Biedru Uzņemšanas Anketa
Membership Application

Uzvārds/*Last Name* _____ Vārds/*First Name* _____

Adrese/*Address* - _____

Tālrunis/*cell phone* (____) _____ Tālrunis/*landline* (____) _____

E-pasts/*Email* _____ Dzimšanas datums/*Birthdate* _____

**** Lūdzu ievietojiet šo informāciju arī Vašingtona pavalsts latviešu sarakstā ****

Please add the following information to the Washington State Latvian Directory: a phone book of Latvians in the WA area

___ Vārds/*Name* ___ Adrese/*Address* ___ Tālrunis/*Phone* ___ E-pasts/*Email* ___ Neko/*None*

**** Abonēt Seattle Latvian Community LATVziņasVašingtonā ēpasta ziņām ****

Send me email announcements re: SEA Latv Community events ___ Jā ___ Nē

LBVŠ gada biedru maksa/*Annual membership dues* choose option(s) below:

___ \$40.00 pilna darba strādājošiem / *full-time employed*

___ \$25.00 visiem pārējiem / *all others*

Ar savu parakstu vēlos iestāties Latviešu biedrībā Vašingtona štatā

With this signed application, I request to become a member of the Latvian Association of the State of Washington.

Paraksts/*Signature** _____ Datums/*Date* _____

Maksāšanas veids/*Method of payment*

Check: Latvian Association of the State of Washington
P.O. Box 75081, Seattle, WA, 98175-0081

Credit Card: Pay by card in person **or** online at www.seattlelatviancenter.com

PayPal: Send money to: info@seattlelatviancenter.com (*indicate your name & Dues amount*)

Office Use Only

Samaksāts/*Paid* \$ _____ Datums/*Date* _____

Biedra kartes No./*Membership Number* _____

Biedrzinis/*Membership Coordinator signature* _____