



HOLY TRINITY GREEK ORTHODOX HISTORICAL SOCIETY



Application for Membership

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax #: _____

Personal e-mail: _____

Work e-mail: _____

Annual Membership: \$25

Please make check payable to:
Holy Trinity Historical Society
999 Brotherhood Way
San Francisco, CA 94132

If you have any questions regarding the Holy Trinity Historical Society, please feel free to contact:

Jim Lucas
Tel: 415-752-0850
jim@loukas.com

or

Cynthia Zamboukos
Tel: 415-753-1036
zambcyn@comcast.net

Thank you for your support!