



Lithuanian Music Hall Association Membership Application

Please print clearly and return this application to us at the address listed on the bottom of this form.

Applicant Name:

Street Address:

City: State: Zip Code:

Telephone:

Email Address:

Gender: Male Female

Date of Birth: Place of Birth:

I am of Lithuanian Origin: Yes No

My Closest Relative Born in Lithuania (i.e., Self, Father, Grandmother, etc.):

My Spouse is of Lithuanian Origin: Yes No

My Spouse's Closest Relative Born in Lithuania:

LMHA Members Sponsoring My Application (Printed Names Followed by Member Signatures & Date):

Applicant Signature:

Today's Date:

I understand that by submitting this application, I agree to uphold the Bylaws of the Lithuanian Music Hall Association and that the status of my membership application is pending approval of the Board of Directors.

Mission: to encourage, promote, and support Lithuanian ethnic culture, education, science, art, literature, and sports among LMHA members and the entire Lithuanian community.