



ALL COSSACKS' UNION OF SAN FRANCISCO, INC.

6231 Geary Boulevard, 3rd Floor Cossacks' Room

San Francisco, California 94121

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allcossacksunionsf.org

MEMBERSHIP¹ APPLICATION FORM

Please complete the membership form online then print it as a pdf (no image files) or to paper and email or mail it. Please complete the name(s) of your Proposers (if known but not required).

PERSONAL DETAILS

Surname (Last Name): _____

First Name(s): _____

Name Known By: _____

Date of Birth: _____ Age: _____

Nationality and Country of Birth: _____

Stanitsa (Cossack Region/ Host, if known): _____

Lineage: _____

Home Address: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Preferred Email Address: _____

Alternative Email Address: _____

Academic or Professional Qualifications:

FAMILY

Marital Status: _____

Spouse/Partner's Name: _____

Children Names (w/ Ages): _____

Why would you like to join us? (Information from this statement will be presented to the membership committee to support your application.)

¹ The Union shall be composed of none but adult Christian men and women, law-abiding and of good moral character. They must be of Russian or other Slavic descent. See ACU Bylaws, Art.3, Sec.1.

APPLICANT'S SIGNATURE

I certify that the statements made in this application are true to the best of my knowledge; and, if elected to membership, I agree to be bound by the Articles of Incorporation and Bylaws, and other rules and regulations of the All Cossacks' Union of San Francisco (ACU) as amended from time to time and to pay my annual dues (currently Single Person \$25.00 / Family \$40.00). The data collected on this form will only be used for the purpose of the All Cossacks' Union of San Francisco and will not be disclosed to any external sources without your express written consent.

Pursuant to California Corporations Code §20 and as a condition of my membership, I give my irrevocable consent to receive ALL communications by electronic transmission (e.g., email and website) from ACU to me, waiving any right to receive communications on paper or in non-electronic form. I acknowledge it is my responsibility to have and to keep my mailing address, email address, and telephone numbers current with the ACU Secretary.

SIGNATURES (if electronic s/ then print Your Name ("first last"))

Candidate:

X: s/_____, Date: _____

PROPOSER 1's NAME: _____

I have known the candidate for _____ years and consider him/her a desirable candidate for membership.

XX: s/_____, Date: _____

PROPOSER 2's NAME: _____

I have known the candidate for _____ years and consider him/her a desirable candidate for membership.

XXX: s/_____, Date: _____

MEMBERSHIP GRANTED:

XXXX: _____, Date: _____

(Cossack Secretary)

Form Date - 250821