



Membership Application

Yes. I would like to join/rejoin HBN. Please visit our Website for more information on membership levels and benefits.

Membership ( ) \$\_\_\_\_\_ ( ) \$1,000 ( ) \$500 ( ) \$250 ( ) \$100 ( ) \$75 ( ) \$30-student

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

Area(s) of Interest:

Three horizontal lines for writing area(s) of interest.

I would like to participate in:

- \_\_\_ HBN Event Committees
\_\_\_ HBN Planning Committees
\_\_\_ HBN Fundraising
\_\_\_ HBN Public Relations Initiatives

HELLENIC BUSINESS NETWORK

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