

ST. NICHOLAS GREEK ORTHODOX CHURCH  
WYCKOFF, NJ

**GOYA MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

\_\_\_\_\_ GOYAN e-mail \_\_\_\_\_

GOYAN cell # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

Emergency Phone# \_\_\_\_\_

Birth Date \_\_\_\_\_ Present Age \_\_\_\_\_ Present Grade \_\_\_\_\_

School Attending (Name and City) \_\_\_\_\_

Are you presently a member of our Parish GOYA? No\_\_\_ Yes\_\_\_ # of years \_\_\_\_\_

If you transferred from another Parish, please indicate: \_\_\_\_\_

Do you have any physical ailments? No\_\_\_ Yes\_\_\_

Do you have any allergies? No\_\_\_ Yes\_\_\_

Are you presently taking medication? No\_\_\_ Yes\_\_\_

Are you allergic to any medication? No\_\_\_ Yes\_\_\_

Are you covered by Medical Insurance? No\_\_\_ Yes\_\_\_

Company Name \_\_\_\_\_

(Note: This information will be kept confidential)

Membership dues are \$110.00

Additional GOYAN in family, dues are \$80.00

**CHECKS PAYABLE TO: ST.NICHOLAS GOYA**

GOYAN signature \_\_\_\_\_ Date \_\_\_\_\_