



METROPOLIS OF DETROIT PHILOPTOCHOS 2025 PER CAPITA REMITTANCE FORM

Chapter No. _____

PHILOPTOCHOS MEMBERSHIP ENROLLMENT PERIOD:
January 1- April 30

DATE: _____

CHURCH: _____

ADDRESS: _____
CITY STATE ZIP CODE

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Check# _____ in the amount of _____ for the year(s) _____ for the following number of members _____.

PLEASE INCLUDE LIST OF MEMBERS USING THE FORM FROM THE NATIONAL PHILOPTOCHOS WEB SITE. After the form is filled in with all the requested information, please make a copy and mail it along with this form to the address below.

- Make checks payable to: Metropolis of Detroit Philoptochos
- Per Capita: \$6.00 per member
- Remit forms no later than April 30, 2024
- Please issue a receipt from your Philoptochos Treasurer as membership cards will no longer be distributed

Please send completed forms to the following address:

Metropolis of Detroit Philoptochos - Membership
c/o Paula Kalevas
2284 Devonshire Road
Bloomfield Hills, MI 48302