



GUJARATI SAMAJ OF METROPOLITAN WASHINGTON

MEMBERSHIP APPLICATION



Applying for: (Check One)	<input type="checkbox"/> Life Membership: \$250 <input type="checkbox"/> Annual membership: \$25 <input type="checkbox"/> Check here if submitting for change of information	Living in Metropolitan area since _____ (MM/YY)
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Applicant's Name	_____		
	(Last)	(First)	(Middle)
Spouse's Name (if applicable)	_____		
	(Spouse's Full Name)		
Address	_____		
	Street		Apt#
	City	State	Zip
	Phone#: _____		
	Email: _____		

	Unmarried Children		Parents living at the same address	
	Name	Date of Birth (MM/DD/YY)	Name	Relationship to Applicant
Dependents living with you				

Definition as per the constitution

Article IV - Membership:
 3a. In the case of family membership (life or annual), the rights and privileges of membership are granted to the member and his or her spouse, unmarried children of age 22 and under and parents of the member and his/her spouse, all living in the same household, provided they are all registered at the time of becoming member or paying annual dues.

Payment Options:

Make check payable to: Gujarati Samaj of Metropolitan Washington
Mail it to: c/o Raj Shivjiani
 47245 Ox Bow Circle Potomac Falls, VA 20165-3139

Zelle to: dcsamaj@gmail.com
 and email signed membership form to **membership@dcsamaj.org**

Signature

I agree to abide by the rules and regulations of Samaj membership.
 I have received the copy of Samaj By-laws.

_____ (Applicant) _____ (Date)

For Office Use Only		Total Amount Collected: \$ _____	
	Accepted By (signature) _____	(Date) _____	Paid by: Check <input type="checkbox"/> Cash <input type="checkbox"/>
	Name: _____		Check #: _____ Dated: _____
	Other Remarks: _____		Bank: _____