



# GUJARATI SAMAJ OF METROPOLITAN WASHINGTON

## MEMBERSHIP APPLICATION



<b>Applying for: (Check One)</b>	<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)		
<b>Applicant's Name</b>	_____ (Last) (First) (Middle)			
<b>Spouse's Name (if applicable)</b>	_____ (Spouse's Full Name)			
<b>Address</b>	Street _____ Apt# _____ City _____ State _____ Zip _____			
	<b>Phone#:</b> _____			
	<b>Email:</b> _____			
<b>Dependents living with you</b>	<b>Unmarried Children</b>	<b>Parents living at the same address</b>		
	Name	Date of Birth (MM/DD/YY)	Name	Relationship to Applicant
<b>Definition as per the constitution</b>	<b>Article IV - Membership:</b> 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.			
<b>Payment Options:</b>	<b>Make check payable to:</b> Gujarati Samaj of Metropolitan Washington <b>Mail it to:</b> c/o Raj Shivjiani 47245 Ox Bow Circle Potomac Falls, VA 20165-3139			
	or	<b>Zelle to:</b> dcsamaj@gmail.com and email signed membership form to <b>membership@dcsamaj.org</b>		
<b>Signature</b>	I agree to abide by the rules and regulations of Samaj membership. I have received the copy of Samaj By-laws.			
	_____	_____		
	(Applicant)	(Date)		
<b>For Office Use Only</b>	Accepted By (signature)	(Date)		
	Name: _____	Total Amount Collected: \$ _____ Paid by: Check [ ] Cash [ ] Check #: _____ Dated: _____ Bank: _____		
	Other Remarks:			