

GUJARATI SAMAJ OF METROPOLITAN WASHINGTON

MEMBERSHIP APPLICATION

Applying for: (Check One)	Life Membership: \$250 Annual membership: \$25 Check here if submitting for change of information	Living in Metropolitan area since _____ (MM/YY)		
Applicant's Name	_____ (Last) (First) (Middle)			
Spouse's Name (if applicable)	_____ (Spouse's Full Name)			
Address:	Street _____ Apt# _____ City _____ State _____ Zip _____ Phone#: _____ Email: _____			
Dependents living with you	Unmarried Children		Parents living at the same address	
	Name	Date of Birth (MM/DD/YY)	Name	Relationship to Applicant
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.			
Mailing Address:	Make check payable to: Gujarati Samaj of Metropolitan Washington Mail it to: c/o Saumil Parikh 18109 Metz Drive Germantown, MD 20874-2313			
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 [] Cash []	
	Name:		Check #: _____ Dated: _____	
Other Remarks: _____				