

GUJARATI SAMAJ OF DELAWARE

MEMBERSHIP FORM

www.gsde.org

Date: _____

Your Full Name: _____

Spouse's Name: _____ No.of Children: _____
(under 18 years)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Membership Fees:

- | | | | |
|--------------------------|---------------------------|-------------|----------|
| <input type="checkbox"/> | Single/Student Membership | Annual | \$15.00 |
| <input type="checkbox"/> | Family Membership | Annual | \$30.00 |
| <input type="checkbox"/> | Life Membership | Life Member | \$201.00 |

I, _____, undersigned understand that the information provided in this membership application is true and correct to the best of my knowledge. I will be responsible for the guest fees if the membership was used during any of the Samaj's programs such as Diwali, Picnic and other events.

Signature: _____ Date: _____

Please make check payable to: **Gujarati Samaj of Delaware**, PO Box 7723, Newark, DE 19714-7723.

FOR OFFICE USE ONLY

We hereby acknowledge the receipt of payment for GSD Membership:

Cash / Check Amount: _____ Check No.: _____

Date Received: _____ Treasurer: _____

***Mail completed form to:
Gujarati Samaj of Delaware Inc., PO Box 7723, Newark, DE 19714-7723.***