



The Hindu Society of North Carolina

309 Aviation Parkway, Morrisville NC 27560

MEMBERSHIP APPLICATION

(* required)

FAMILY INFORMATION

Family Name*:

Current address*:

City*:

State*:

ZIP Code*:

Home Phone*:

Work Phone:

Mobile Phone:

Email*:

News Letter*: e-mail / Paper

Single Married

FAMILY MEMBERS

| FIRST NAME* | MIDDLE INITIAL | LAST NAME* | SUFFIX (Mr/Mrs/Ms./Dr.) | M/F* | ROLE* (Self/Spouse/Child) | DOB* (MM/DD/YYYY) | EMAIL |
|-------------|----------------|------------|----------------------------|------|------------------------------|----------------------|-------|
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Check here if you will like to receive our newsletter electronically.

Check here if you will like to receive membership correspondence electronically.

MEMBERSHIP

For New Membership (Make check payable to HSNC) Membership fees must be paid in full through check or online. Cash is not accepted for the membership fees.

Membership Type: * Life - \$600 * Annual - \$100 (for respective calendar year only)

Payment details: Membership \$_____ + Donation \$_____ = Total \$_____

Paid by Check # _____ (payable to HSNC)

SIGNATURES

I/we do agree to conform to HSNC constitution and by-laws.

Signature of applicant:

Date:

Signature of spouse (only if for a joint membership):

Date:

*Family Membership includes membership for parents and their children 18 years or less. Family membership does not include grand children or friend

For Office Use Only –

Payment Rec'd by: _____ Date Payment Rec'd: _________ Amount: \$_____ Paid by: Cash or
Check no. _____

Please either drop completed form in Temple or send to Membership Administration at 309 Aviation Parkway, Morrisville NC 27560.