

A Non-Profit Tax-Exempt Organization MAILING ADDRESS: P.O. BOX 687, OWINGS MILLS, MD 21117

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Please complete this form and make your check payable to Gujarati Samaj of Baltimore and mail it to the above address. You will receive your receipt by mail with membership number assigned. Applying for: Life Membership: Renewal: Annual Membership: Year: Life Membership: \$201 Annual Membership: \$51 Applicant Name: First: Spouse Name: First: Apt: _____ Address: City:_____ Zipcode:_____ State: ____Mobile (member) _____ Mobile (spouse) Phone _____ Work (spouse) Work (member) Email (member) Email (spouse) Dependents living with you (parents and unmarried children under age of 22 years): Relationship to Applicant Name Age I agree to abide by the rules and regulations of the Samaj membership. Applicant Signature Date Note: Annual membership is valid until the end of the calendar year. Membership fee is non-refundable. It is the responsibility of the member to provide any changes to the family status or change of address information. Total Amount Collected: \$_____ For Office Use Only: Cash: Paid by: Check Accepted By: Signature Check #: Receipt #: Date Membership #:_____