

HINDU CITIZENS OF SOUTH JERSEY, INC
(A Non-Profit Tax-Exempt Organization)



MEMBERSHIP APPLICATION

Life Member Membership \$100

Date: _____

Name: _____
(Last) (First) (Mid. Initial)

Address: _____

(City) (State) (ZIP)

Phone: _____ Cell Phone: _____

Email: _____

Gender: Male Female Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)
(Optional)

Marital Status: Single Married Widowed

Country of Birth: India Other: _____
(Specify)

Emergency Information:

Family Member: _____ Relationship: _____

Address: _____

(City) (State) (ZIP)

Phone: _____ Cell Phone: _____

Doctor: _____ Phone: _____