

Membership Begin Date

Membership Application Form

Current Date	

A non-profit organization

O New Member

Membership Renewal

		Me	mber's Person	al Info	rmation (P	rint or 1	Гуре)	
Name *					Spouse's Nar	me		
Address *								
City			Sta	ate*			Zip Code	
email*				Sp	ouse's email			
Child's Nam	ne & Age							
Child's Nam	ne & Age							
Child's Nam	ne & Age							
Child's Nam	ne & Age							
					nbership			
		Family (\$160)	Individual (\$Family with			•	40) Student ears old** (\$140)	t Individual (\$60)
Please make check payable to Pujari Inc. and mail along with completed form to:								
Swapan Mondal 2383 Wickingham Court, Marietta, GA 30066								
An er	mail ackno	owledgment will be	sent on receipt of p	paymer	nt. membersh	nip is tax o	deductible (Tax	ID: 58-2646395).
		Please mail	me an official rec	eipt	○No ○Y	es		
		Member's :	Signature				Da	ate
*Required Fi **age as on l			Pujari O	ffice U	se Only			

Membership Expiration Date