

Membership Begin Date

Membership Application Form

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	ne		
Address *								
City			Sta	ate*			Zip Code	
email*				Spo	ouse's email			
Child's Name & Age								
Child's Nam	ne & Age							
Child's Name & Age								
Child's Name & Age								
Yearly Membership Family (\$160) Individual (\$64) Student Family (\$112) Student Individual (\$45) Family with No kids/with kids less than 7 years old** (\$128)								
Please make check payable to Pujari Inc. and mail along with completed form to:								
			S 2383 Wickingh	_	Mondal urt, Mariett	a, GA 30	066	
An ei	mail ackno	owledgment will be	sent on receipt of	paymer	nt. membersh	nip is tax d	leductible (Tax	ID: 58-2646395).
		Please mail	me an official red	ceipt	○No ○Y	es		
Member's Signature							Da	ate
*Required Fi **age as on I			Pujari O	ffice U	se Only			,

Membership Expiration Date