



Pujari Inc.  
1795 Whitehall CT.  
Marietta, GA 30066

*A non-profit organization*

## Membership Form

☐ New Member ☐ Membership Renewal

### Member's Personal Information *(Print or Type)*

Name*	<input type="text"/>	Spouse Name	<input type="text"/>
Address*	<input type="text"/>	Spouse Email	<input type="text"/>
State*	<input type="text"/>	Child Name & Age	<input type="text"/>
Zip Code*	<input type="text"/>	Child Name & Age	<input type="text"/>
Home Phone*	<input type="text"/>	Child Name & Age	<input type="text"/>
Office Phone	<input type="text"/>	Child Name & Age	<input type="text"/>
Cell Phone	<input type="text"/>	Child Name & Age	<input type="text"/>

### \* Required fields

☒ Yearly Membership

☐ Family (\$160)

☐ Individual (\$80)

Please make check payable to **Pujari Inc.** and mail along with the completed form to:

Sushanta Saha  
220 Ashlee Oaks Ct  
Alpharetta, GA 30022

An email acknowledgement will be sent on receipt of payment. Membership is tax deductible (Tax ID # is **58-2646395**).

☒ Please mail me an official receipt

☐ Yes

☐ No

Member's Signature

Date

### Pujari Office Use Only

Membership Begin Date

Membership Expiration Date