

Jai Shri Krishna
International Religious Organization of India (IROI)
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IROI Supportive Membership Form

(A portion of your contribution may be tax-deductible)

Member Information

Name: _____

Spouse's Name: _____

Address Line 1: _____

Address Line 2: _____

City _____ **State** ____ **Zip Code** _____ **Country** _____

Contact: (Home) Phone _____ **(Work) Phone** _____

Email Address: _____

Write the names of all languages you can speak: _____

Membership Options (Sevas):

To join us please select one of the following option:

- ☐ **Regular Membership for Individual \$ 100.00 Yearly**
- ☐ **Regular Family Membership (just couple or with young children) \$ 200.00 Yearly**
- ☐ **Lifelong Spiritually Dedicated Members or Speakers (just guests)**
- ☐ **Yearly Student Membership \$ 50.00 and After Graduated Student \$ 100.00**

Note: If family existing with grown-ups or age of 18 or more then these grown-ups need to join their membership program separately or as usual like grownups.

Membership Benefits:

1. According to the type of membership all members received their membership benefits equally and bring success into their life
2. Opportunities to take parts in all types of events of IROI (devotional singing, performances, plays, dramas, picnic, fundraising events)
3. Receive IROI Patrika (Printed Newsletter)
3. Invitation on all types of IROI Events and IROI Campaigns
4. Receive IROI Calendar every year

Automatic Renewal

Do you like to renew you membership automatically each year?

Yes No

When your membership is due to expire, IROI will renew it annually using the credit card information provided for your most current membership transaction.

Automatic Renewal Process:

- IROI will inform you prior to automatic renewal date
- IROI will inform you to update your membership profile

Payment Information

Payment Method:

- ☐ Cash (please do not send cash in the mail)
- ☐ Money Order
- ☐ Check (made payable to IROI)
- ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Credit Card Number: _____

Exp. Date ____ / ____ Amount to Charge: \$ _____

Name as it appears on card: _____

Signature: _____ Date: _____

Mailing Information

Print and complete this form, then mail to:

**International Religious Organization of India
727 5th Ave. S. # 204
Minneapolis, MN 55415**

Thank You!