

HINDU SOCIETY OF NEVADA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

FULL Name:		
Email	Home Phone	Mobile Phone:
Current address:		
City:	State:	ZIP Code:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

FULL Name:		
Email:	Mobile Phone:	

SUGGESTIONS FOR OTHER MEMEBERS

Name	Address	Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name
Name	Name

SIGNATURES

Signature of applicant:	Date:
Signature of spouse (<i>only if for a joint membership</i>):	Date:

Please Mail completed Application with donation to :

Attn : Membership Application, 1701 Sageberry Drive Las Vegas NV 89144.

Check payment type:

Annual Dues in the amount of \$250 Monthly recurring payments of \$21

Payment method:

Check # _____ Dated _____ ; Cash _____

Credit Card Payment:

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.