## SANATAN HINDU SANSKAR KENDRA OM TAT SAT ITI

## SANATAN HINDU SANSKAR KENDRA

**PO BOX 80362, LAFAYETTE, LA 70598** 

www.sanatanlft.org, Email: shskendra@gmail.com TAX ID: 46-2580905

|   | Application for Membership |       |  |    |       |                |          |      |        |      |  |
|---|----------------------------|-------|--|----|-------|----------------|----------|------|--------|------|--|
| Member Information  | n                          |       |  |    |       |                |          |      |        |      |  |
| First Name  |                            |       |  |    |       | Las            | st Name  |      |        |      |  |
| Address   |                            |       |  |    |       |                |          |      |        |      |  |
| •   | City                       |       |  |    | State |                |          |      | Zip    |      |  |
| Home Phone  |                            |       |  |    |       | Ce             | II Phone |      |        |      |  |
| Email:  |                            |       |  |    |       |                |          |      |        |      |  |
| Reference Informa   | tion                       |       |  |    |       |                |          |      |        |      |  |
| How did you come to know about SHSK?                        |                            |       |  |    |       |                |          |      |        |      |  |
| Name of Referral SHSK Member*                               |                            |       |  |    |       |                |          |      |        |      |  |
| How long does Referrer know you?                            |                            |       |  |    |       |                |          |      | Year/M | onth |  |
| Referral Signature  |                            |       |  |    |       |                |          | Date |        |      |  |
| Are you a member of any religious organization              |                            |       |  | n? |       | Yes            | s        | No   |        |      |  |
| If Yes, List  | 1                          |       |  |    |       |                | 2        |      |        |      |  |
| Membership  |                            |       |  |    |       |                |          |      |        |      |  |
| Please Select   | Annual Member              |       |  |    |       | ship           | , \$100  |      |        |      |  |
|   | C Lifetime Member          |       |  |    |       | ership, \$5000 |          |      |        |      |  |
| Please make check payable to "Sanatan Hindu Sanskar Kendra" |                            |       |  |    |       |                |          |      |        |      |  |
| Family Information  | (Opti                      | onal) |  |    |       |                |          |      |        |      |  |
| Spouse Name**   |                            |       |  |    |       |                |          |      |        |      |  |
| Children Names with   | n age                      | 1     |  |    | 2     | 2              |          |      |        | 3    |  |
| Parents Name (if residing with you)                         |                            |       |  |    |       |                |          |      |        |      |  |
| Member Signature  |                            |       |  |    |       |                | Date     |      |        |      |  |

## Note

Members should be atleast 18 years old

<sup>\*</sup> New members should be referred by an existing member

<sup>\*\*</sup> This membership is individual membership only, members only have voting rights. Please fill separate form for spouse to be a member, although members family is entitled to participate in all SHSK activities.