

The Hindu Society of North Carolina

309 Aviation Parkway, Morrisville NC 27560 www.hsnconline.org



MEMBERSHIP APPLICATION (* required)								
(* required) FAMILY INFORMATION								
Family Name*:								
Current address*:								
City*:	State*:	State*:				ZIP Code*:		
Home Phone*:	Work Phon	Work Phone:				Mobile Phone:		
Email*:	News Lette	News Letter*: e-mail / Paper						
□ Single Married								
FAMILY MEMBERS								
FIRST NAME*	MIDDLE INITIAL	LAST NAME*	SUFFIX (Mr./Mrs./Ms./Dr.)	M/F*	(Self)	ROLE* DOB* EMAIL (MM/DD/		EMAIL
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☐ Check here if you will like to receive our newsletter electronically.								
☐ Check here if you will like to receive membership correspondence electronically.								
MEMBERSHIP								
For New Membership (Make check payable to HSNC) Membership fees must be paid in full through check or online. Cash is not accepted for the membership fees.								
Membership Type: * Life - \$600								
Check one ☐ New Membership ☐ Renewal ☐ Change/Update ☐ Annual								
☐ Life Membership Full ☐ Life Membership Installment (to be paid full before June 30 th of current year)								
Payment details: Membership \$+ Donation \$ = \$								
\$ Paid by Check # (payable to HSNC) OR Paypal Ref. #								
SIGNATURES								
I/we do agree to conform to HSNC constitution and by-laws.								
Signature of applicant:						Date:		
Signature of spouse (only if for a joint membership):						Date:		
*Family Membership includes membership for parents and their children 18 years or less. Family								
For Office Use Only —								
Payment Rec'd by: Date Payment Rec'd:\ Amount: \$ Paid by: Cash or								
Check no.	Dato i ay			. Iourit.	· •		ı aı	a 23. Gaoil oi