

San Fernando Valley Gujarati Association
Application for Membership - 2019

\$150 New & \$125 Current Family membership \$50 Individual & Student membership

* Family includes all unmarried Children and parents living at the same address.

FAMILY NAME	
HUSBAND and WIFE	
HOME ADDRESS	
CITY STATE. ZIP CODE	
PHONE NUMBER	HOME: _____ FAX: _____
E-MAIL ADDRESS	
OCCUPATION	_____

UNMARRIED CHILDREN (Married Children MUST obtain separate Membership)

FIRST NAME	BIRTH DATE	SEX	Skills /Talent /Interests

ADDITIONAL QUALIFIED ASSOCIATE MEMBERS

Parents, Brother, Sister, Nephew, Niece, Grandparents or Others (LIVING IN THE SAME HOUSEHOLD)

NAME	BIRTH DATE	SEX	RELATION	MARRIED	Skills /Interest

FOR NEW MEMBERS ONLY: Membership in SFVGA is through the recommendation of current SFVGA member. Please obtain recommendation from current SFVGA Member and indicate his/her name and phone below.

REFERRED BY	HOME PHONE	VERIFIED BY AND DATE (Official Use Only)

I/We apply for Membership /Renewal in the San Fernando Valley Gujarati Association. If accepted. I/We agree to abide by the Rules & Regulations, By Laws, and Conditions of Membership (please refer to www.sfvga.org website) adopted by its members and/or the Board of Directors.

I/We certify that the foregoing information is true and correct, and understand that any willful omission and/or misleading information constitutes grounds for rejection of this application and/or revocation of membership.

I/We agree to attend meetings of the event committee to which I/We have been assigned, and to actively participate in the planning. Organizing and holding of the event. If I/We fail to do so, the Board of Directors may, at their discretion take the appropriate action, up to and including termination of membership.

I/We agree that by signing this form there is an unconditional waiver of liability for all members covered under this membership. Please refer to the Waiver of Liability form on www.sfvga.org

Signature: X _____ Date: _____ Name of Person Signing: _____

Applicant

For Official use only

Date Received: _____ Fee \$ Received: _____ Check No. _____ By: _____

COMMENTS:

PLEASE SEND THIS COMPLETED FORM AND WAIVER OF LIABILITY (if applicable) WITH YOUR CHECK (Make check payable to SFVGA) to: Jigna Doshi, 18425 Collins St, Unit D, TARZANA, CA, 91356