# Guru Nanak Foundation of America, Inc.

(A Non-Profit Tax Exempt Religious Organization)

**12917 Old Columbia Pike, Silver Spring, MD 20904 U.S.A.**

**Phone: (301) 384-2133** www.gnfa.org

## APPLICATION FOR MEMBERSHIP Year 2013

1. PLEASE PRINT ONLY. DO NOT SIGN THE FORM YET.
2. Please present this form in person with acceptable form of I D.
3. Signature shall be witnessed by Membership Coordinator/Designate.

☐ NEW APPLICANT ☐ RENEWAL

**1: Last Name Member** Male ☐ Female ☐

**First Name Member** Date of Birth - -

**2: Last Name Spouse** Male ☐ Female ☐

**First Name Spouse** Date of Birth - -

**3: Last Name Child** Male ☐ Female ☐

**First Name Child** Date of Birth - -

**4: Last Name Child** Male ☐ Female ☐

**First Name Child** Date of Birth - -

**Address**

**City** State Zip Code + 4 digits -

**Home Phone** - -

**Cell Phone** - -

**Work Phone** - -

**Email 1**

**Email 2**

### AIMS & OBJECTIVES OF GURU NANAK FOUNDATION OF AMERICA, INC.

To propagate the teachings of GURU NANAK; To promote religious, educational, social and cultural aspects of Sikhism; To regularly hold congregations and partake in celebrating Gurpurbs and other specific occasions. To establish and maintain Sikh Centers in the Washinghton Metropolitan area in other Metropolitan areas in the United States; To interface activities with other institutions with similar objectives.

I Hereby apply for membership in the G.N.F.A., Inc. and pledge to abide by the Constitution and By-Laws of the G.N.F.A. I have a legal-status in the U.S.A.

I have received a copy of the Constitution and By-Laws. ( additional copies available at a nominal charge of $1.00).

**Signature :** _____ **Date:** _____

ANNUAL MEMBERSHIP FEES

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ | One year | $ **51** | ☐ | Senior Member ( Age 65 and above) | $ **21** | ☐ | Youth | $ **21** |
| ☐ | Two year | $ | ☐ | Patron – **Intial $1,100 Continuing** | $ **1,100** | ☐ | Life-1 time | $ **1,100** |
| ☐ | Three year | $ | ☐ | Trustee – **Intial $2,100** | $ **1,100** | ☐ | L.T Patron | $ **5,100** |

Application approved by: **(***This Section is for Membership Committee use only***)**

**COMMITTEE MEMBER NAME** _____ **COMMITTEE MEMBER SIGNATURE** _____ **DATE APPROVED** _____

**For Record Keeping Purposes Only**

| Date | Amount Received | | For the Year | Recv'd By (Initials) | | Date | Amount Received | | For the Year | Recv'd By (Initials) |
|---|---|---|---|---|---|---|---|---|---|---|
| | Membership | Donation | | | | | Membership | Donation | | |
| | | | | | | | | | | |