2019 ZAOM Membership Form

NAME: _____ _____ _____

Last Name **First Name** **Spouse's Name**

CHILDREN: (Under 18) **Name and Age**

_____ _____

_____ _____

HOME ADDRESS:

_____

_____

_____

HOME PHONE / EMAIL ADDRESS

Phone: _____

E-mail: _____

Spouse's Email: _____

☐ I GIVE permission for my and my spouse's **name, photograph or work** to appear on the ZAOM's website, zaom.org, newsletter and ***any other materials including but not limited to*** fundraising brochures etc.

☐ I GIVE permission for my child/children's **name, photograph or work** to appear on ZAOM's website, zaom.org, newsletter and ***any other materials including but not limited to*** fundraising brochures etc.

Type of Membership requested (check One):

Regular*	Associate**		
[ ]	[ ]	**Family (Parents and their children under the age of 18, residing at the same address)**	**$ 80.00**
[ ]	[ ]	**Individual (per person)**	**$ 35.00**
[ ]	[ ]	**Seniors (per person, over age 65)**	**$ 25.00**
[ ]	[ ]	**Student (full-time only, age 18-30)**	**$ 10.00**
[ ]	[ ]	**Life Members:**	
		Family	**$ 2000.00**
		Individual	**$ 1000.00**
		Youth Connection Participation (Total from YC Registration Form)	**$ _____**
		Donation: General Fund (Charity Contributions etc.)	**$ _____**
		Building & Administration	**$ _____**
		Adult Education	**$ _____**
		Youth Connections (Children's Education)	**$ _____**
		Ghambhar & Jashan Fund	**$ _____**

Total Amount **$ _____**

* Regular Members: At least one member of the family is Zoroastrian.
** Associate Members: No member of the family is Zoroastrian.

Please make your check payable to ZAOM
And mail it with your form to:
Homyar Naterwala
48433 Ten Mile Road
Novi, MI 48374

I acknowledge that I have read the current version of the Zoroastrian Association of Michigan (ZAOM) By-laws and agree to follow them.

_____ _____

Signature **Date**