



2021 ZAOM Membership Form

NAME: _____
Last Name First Name Spouse's Name

CHILDREN: Name and Age (Under 18)

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)	\$ _____
		<u>Donation:</u> General Fund	\$ _____
		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:
ZAOM Treasurer: Homyar Naterwala
24927 Thurber Trl, South Lyon, MI 48178

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