



2022 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**		
<input type="checkbox"/>	<input type="checkbox"/>	Family (Parents and their children under the age of 18, residing at the same address)	\$ 80.00
<input type="checkbox"/>	<input type="checkbox"/>	Individual (per person)	\$ 35.00
<input type="checkbox"/>	<input type="checkbox"/>	Seniors (per person, over age 65)	\$ 25.00
<input type="checkbox"/>	<input type="checkbox"/>	Student (full-time only, age 18-30)	\$ 10.00
<input type="checkbox"/>	<input type="checkbox"/>	Life Members:	
		Family	\$ 2000.00
		Individual	\$ 1000.00
		Youth Connection Participation (Total from YC Registration Form)	\$ _____
		Donation: 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: Roxane Chinoy
28881 Nottoway Drive, Farmington Hills, MI 48331

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