

2023 ZAOM Membership Form

NAME:	Last Name	First Name	Spouse's Na	me	
CHILDREN: (Under 18)	Name and Age				
HOME ADDRESS:		HOME PHONE / EMAIL ADDRESS			
		Phone:			
		E-mail:			
		Spouse's Email:			
] I GIVE perr	mission for my and my spouse's name, pho	otograph or work to appear	r on the ZAOM's website,	zaom.c	org,
newsletter and	any other materials including but not limit	ted to fundraising brochures	s etc.		
I GIVE perm	mission for my child/children's name, phot	tograph or work to appear	on ZAOM's website, zaom	.org, n	ewslette
and any other n	naterials including but not limited to fund	raising brochures etc.			
	Individual (per person) Seniors (per person, over age 65) Student (full-time only, age 18-30) Life Members: Family Individual uth Connection Participation (Total frononation: General Fund Building & Administration Adult Education Youth Connections (children's e		\$ 100 \$ \$	\$ \$ \$ 00.00 00.00	_
		Total Amoun	s		
Zoroastrian. ** Associate Memb	e: At least one member of the family is pers: No member of the family is Zoroastrian. that I have read the current version of the second seco	he Zoroastrian	Please make your check payable to ZAOM And mail it WITH your form to: ZAOM Treasurer: Roxane Chinoy 28881 Nottoway Drive,		
	Michigan (ZAOM) By-laws and agree to		Farmington Hills, MI 48:	331	
Sign		Date			