



HINDU SOCIETY OF EASTERN WASHINGTON

2100 Bombing Range Road • West Richland, WA 99353
E-mail: hsewrichland@gmail.com Website: www.hsew.org
(A Federal Income Tax Exempt 501(c)(3) Organization • Established 1992)

MEMBERSHIP APPLICATION FORM

1. **APPLICANT** (PLEASE PRINT): _____
LAST NAME FIRST NAME M.I.
2. **STREET ADDRESS** (PLEASE PRINT): _____
3. **CITY:** _____ **STATE:** _____ **ZIP:** _____
4. **HOME PHONE:** _____ **WORK PHONE:** _____
5. **E-MAIL:** _____
6. **PLEDGE:** I pledge to abide by the Constitution and Bylaws of Hindu Society of Eastern Washington.
7. **Are you willing to serve as a member of the Board of Directors of HSEW?** Yes No
8. **APPLICANT'S SIGNATURE:** _____ **DATE:** _____
9. **MEMBERSHIP DUES AND DONATION REQUIREMENTS:**
 - a. Annual Member: \$50.00 per person.
 - b. Life Member: \$1,000.00 lump sum contribution per person.
 - c. Patron Member: \$5,000.00 per person contributions during five consecutive calendar years effective January 1, 2003.

10. **RECORD OF MEMBERSHIP DUES OR CONTRIBUTIONS RECEIVED BY THE HSEW:**

DATE	RECEIPT NO.	DESCRIPTION	AMOUNT (\$)
TOTAL			

11. Based upon the above information _____ is hereby declared as Annual Life Patron member of HSEW.
12. **VERIFIED BY:** Treasurer's Signature: _____ Date: _____
13. **APPROVED BY:** President's Signature: _____ Date: _____



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CONSENT TO RECEIVE NOTICES BY ELECTRONIC TRANSMISSION

I, the undersigned, hereby consent to receiving all electronically transmitted notices and attachments thereto, from the Hindu Society of Eastern Washing (HSEW), 2100 Bombing Range Road, West Richland, WA 99353, effective immediately. I understand that electronically transmitted notices from the HSEW include but not limited to notices of General Body and Board of Directors meetings; election of Directors; membership renewals; conduct of religious, cultural, educational, and fund-raising programs; religious discourses; and etc.

I consent to receiving notices by Electronic mail at the following address (please use black ink):

NAME: _____
 TITLE FIRST NAME M.I. LAST Name

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL #: _____

E-MAIL ADDRESS: _____

I understand that the consent will remain effective until and unless I revoke it by delivering a written, signed, and dated revocation notice to the Hindu Society of Eastern Washington.

SIGNATURE: _____ DATE: _____