

UNITED INDIA ASSOCIATION OF NEW ENGLAND, INC.

Membership Form

(Please fill up all the lines, Print and then click SUBMIT Button)

Bring the printed form with the Check to the Event or Mail Form and Check to the address given on the website

Membership Type: _____

Member Name: _____

Spouse Name: (if applicable) _____

Children: (if applicable) _____

Name *Gender* *Age*

Name *Gender* *Age*

Name *Gender* *Age*

Mailing Address: _____
Street

City/Town *State* *Zip*

Telephone: _____
Home *Work*

FAX *Cell*

Email Address: _____
(For easy communications your email address would be deeply appreciated)

Member Signature: _____
Date

FOR OFFICIAL USE ONLY

Membership Dues: Paid \$ _____ Date: _____

Membership Card Number: _____ Date: _____

Payment Received by: _____
Signature *Date*