



# D/FW Hindu Temple Society

## Ekta Mandir

1605 N. Britain Rd, Irving, TX-75061

972-445-3111

<https://dfwhindutemple.org>

LM-V 3.0

### Application for Membership

Complete this application and return it to the Temple Office with a check payable to **D/FW Hindu Temple Society** or with a copy of receipt of your payment. You may also mail the duly filled in application with payment or a copy of the receipt to:

**The Chairman, Membership Committee, D/FW Hindu Temple, at the above address.**

#### MEMBERSHIP TYPE

Life Membership (\$1000)

Annual Membership (\$100/Year)

Receipt No. \_\_\_\_\_

Receipt Date \_\_\_\_\_

Addl Receipt Nos.(with dates) \_\_\_\_\_

#### APPLICANT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

Address\_2 \_\_\_\_\_ Region \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Contact Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ Email \_\_\_\_\_

#### FAMILY INFORMATION

Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Child-1 First Name \_\_\_\_\_ Child-1 Last Name \_\_\_\_\_

Child-2 First Name \_\_\_\_\_ Child-2 Last Name \_\_\_\_\_

Child-3 First Name \_\_\_\_\_ Child-3 Last Name \_\_\_\_\_

#### APPLICANT DECLARATION

I, \_\_\_\_\_, hereby declare that I am a Hindu who practices one of the religions that originated in India. By signing below, I acknowledge that I have fully read and understood the membership requirements of the Constitution of the D/FW Hindu Temple Society.

I certify that I am 18 years or older.

Date \_\_\_\_\_ Signature \_\_\_\_\_

#### SPONSOR INFORMATION

Relationship to Applicant \_\_\_\_\_ Sponsor Member ID \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

#### FOR OFFICE USE ONLY

Received By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Verified By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed by EC Member \_\_\_\_\_ Seconded by EC Member \_\_\_\_\_

Approved By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Assigned Member ID \_\_\_\_\_ Comments \_\_\_\_\_