

D/FW Hindu Temple Society

1605 N Britain Rd, Irving, TX. 75061

Ph. (972) 445 3111

APPLICATION FOR MEMBERSHIP

Please complete the application and return it to the Temple Office with a check payable to D/FW Hindu Temple Society or with copy of receipt of your payment. You may also mail the duly filled application with payment or copy of receipt to the **Chairman, Membership Committee, D/FW Hindu Temple**, at the above address.

<input type="checkbox"/> Life Member (\$1000)	<input type="checkbox"/> Regular Member (100/yr)	<input type="radio"/> New	<input type="radio"/> Renewal
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Receipt No. <input type="text"/>	Receipt Date <input type="text"/>
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APPLICANT INFORMATION

First Name <input type="text"/>	Middle Initial <input type="text"/>	Last Name <input type="text"/>
Address <input type="text"/>		Apt. <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Home Phone <input type="text"/>	Cell <input type="text"/>	email <input type="text"/>
Name of Spouse <input type="text"/>		Region <input type="text"/>
Child 1 <input type="text"/>	Child 2 <input type="text"/>	
Child 3 <input type="text"/>	Child 4 <input type="text"/>	

SPONSOR INFORMATION (if sponsored by a Family Member)

Name of Sponsor <input type="text"/>	Relationship with Sponsor <input type="text"/>	
Address <input type="text"/>		
Home Phone <input type="text"/>	Cell <input type="text"/>	Membership ID <input type="text"/>

I, _____ hereby declare that I am a Hindu who practices one of the Religions originated in India and have read the membership requirements of the constitution of D/FW Hindu Temple Society.

Date

Signed By _____

For Official Use Only

Verified by _____	Signature _____	Date _____
Approved by _____	Signature _____	Date _____

Member Number <input type="text"/>	Approval Letter Sent on <input type="text"/>
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