



**D/FW Hindu Temple Society**  
**Ekta Mandir**

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 a copy of receipt of your payment. You may also mail the duly filled application with payment or a copy of receipt to: **The Chairman, Membership Committee, D/FW Hindu Temple**, at the above address.

#### MEMBERSHIP TYPE

Life Member (\$1000)    Regular Member(\$100/yr)-New    Regular Member(\$100/yr)-Renewal

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

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

#### APPLICANT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_  
Address\_2 \_\_\_\_\_ Region \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

#### FAMILY INFORMATION

Spouse First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Child-1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Child-2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Child-3 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Child-4 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

#### SPONSOR INFORMATION (if sponsored by a family member)

Sponsor First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Member Id \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

#### 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 of age or older.

Date \_\_\_\_\_

Signature \_\_\_\_\_

#### FOR OFFICE USE ONLY

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

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

Member Id \_\_\_\_\_

Comments \_\_\_\_\_