



# Panchal Samaj of Ontario

## Membership Form

Mr. / Mrs. / Miss

Full name: \_\_\_\_\_

Place of Origin in India: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Child/Children:

Please circle one	Name	Date of Birth (Children only)*
Son / Daughter / Dependent		DD / MM / YY
Son / Daughter / Dependent		DD / MM / YY
Son / Daughter / Dependent		DD / MM / YY
Son / Daughter / Dependent		DD / MM / YY
Son / Daughter / Dependent		DD / MM / YY

*\*Date of birth will only be used to plan Samaj activities for children and youth. It won't be used in any publications.*

Postal Address:

Address 1 : \_\_\_\_\_

Address 2 : \_\_\_\_\_

City : \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone : \_\_\_\_\_ Email: \_\_\_\_\_

Membership

Family .....\$25.00       Single ....\$10.00       Associate ....\$20.00       Senior .... Free

Donation : \_\_\_\_\_ Please make check payable to: **PANCHAL SAMAJ OF ONTARIO**

*I hereby authorize the Panchal Samaj of Ontario to publish the information above, with the exception of the date of birth of children, in the samaj annual directory.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please mail this form along with check to:

Treasurer: Vasant M. Panchal  
150 Worth Blvd.,  
Thornhill, ON  
L4J 7V5