



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.....\$30.00
 Single\$15.00
 Associate\$20.00 /Family
 Senior \$10.00
 Associate\$15.00 / Single

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
Phone: (905) 709-0214