



Bangladesh Association, Houston, Texas

A Nonprofit Organization, Charter #3-00084-4754-9

Established 1978

13415 Renn Road, Houston, TX 77083

www.bangladesh-association.com

Membership Form Year 2015-2016

Date:

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal Member	\$ <input type="text"/>	Amount
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Membership Types:

<input type="checkbox"/> \$150.00: Life Single	<input type="checkbox"/> \$200.00: Life Family	<input type="checkbox"/> \$50.00: Family/Year	<input type="checkbox"/> \$80.00: Family/2 Years
<input type="checkbox"/> \$30.00: Individual/Year	<input type="checkbox"/> \$15.00: Student/Year	<input type="checkbox"/> Honorary Member	

Membership Period: Jan 1st to Dec 31st of each year, except Life Membership
Please Make Your Check Payable to: Bangladesh Association

Member Information:

I certify that the information given in this form is correct to the best of my knowledge.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Initial	<input type="text"/>
Spouse Last Name	<input type="text"/>	Spouse First Name	<input type="text"/>	Initial	<input type="text"/>
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>	<input type="checkbox"/> Listed	<input type="checkbox"/> Unlisted		
E-mail:	<input type="text"/>	Profession (Optional)	<input type="text"/>		
Signature	<input type="text"/>	Date:	<input type="text"/>		

Child Information

Child-1 Full Name:	<input type="text"/>	Age:	<input type="text"/>	Date of Birth:	<input type="text"/>
Child-2 Full Name:	<input type="text"/>	Age:	<input type="text"/>	Date of Birth:	<input type="text"/>
Child-3 Full Name:	<input type="text"/>	Age:	<input type="text"/>	Date of Birth:	<input type="text"/>

Interest

Cultural Programs:	<input type="text"/>	Committees:	<input type="text"/>	Social Work:	<input type="text"/>
Drama:	<input type="text"/>	BAC:	<input type="text"/>	Others:	<input type="text"/>
Refer Friends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

!! Do Not Write Below This Line!!!

<input type="checkbox"/> Money Order	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	Date:	<input type="text"/>
Received By:	<input type="text"/>	Bank Deposit Date:	<input type="text"/>		
Rejected:	<input type="text"/>				
Application info verified by BOD name and date:					