

Magar Association USA, Inc.

(Creating a Sense of Shared Responsibilities towards the Magar Community)

Central Office, New York

E-mail: info@magarusa.org, **Website:** www.magarusa.org

MEMBERSHIP APPLICATION FORM

MagarUSA is the membership driven organization. To carry out our programs effectively, we need your financial and moral support. Please fill out the membership application form and join us today.

(Please write in block letters)

First Name _____ Middle Name _____ Family Name _____

Spouse's Name _____

Children's Name _____

Title Mr/Mrs/Ms/Miss (please circle one)

MAILING ADDRESS:

Street: _____ Apt# _____

City: _____ State _____ Zip Code: _____

Telephone (_____) _____ Fax (_____) _____

E-mail _____

TYPE OF MEMBERSHIP:

(Please circle the appropriate membership category)

* Individual --- \$ 30.00 per year * Family -----\$ 50.00 per year

* Student --- \$ 10.00 per year * Lifetime -----\$ 500.00

Please mail the membership application form along with one pp photo and a bank check/money order payable to:

Magar Association USA, Inc.

PO Box 3620324

New York, NY 10129

FOR OFFICE USE ONLY

New Membership ___/___/_____ Membership Renewal ___/___/_____

Membership effective date ___/___/_____ Membership expiration date ___/___/_____

Thank you for your support!