



2017 ZAOM Membership Form

NAME: _____
 Last Name First Name Spouse's Name

CHILDREN: Name and Age
 (Under 18)

HOME ADDRESS: _____

HOME PHONE / EMAIL ADDRESS
 Phone: _____
 E-mail: _____
 Spouse's Email: _____

- I GIVE permission for my and my spouse's **name, photograph or work** to appear on the ZAOM's website, zaom.org, newsletter and *any other materials including but not limited to* fundraising brochures etc.
- I GIVE permission for my child/children's **name, photograph or work** to appear on ZAOM's website, zaom.org, newsletter and *any other materials including but not limited to* fundraising brochures etc.

Type of Membership requested (check One):

Regular*	Associate**		
[]	[]	Family (Parents and their children under the age of 18, residing at the same address)	\$ 80.00
[]	[]	Individual (per person)	\$ 35.00
[]	[]	Seniors (per person, over age 65)	\$ 25.00
[]	[]	Student (full-time only, age 18-30)	\$ 10.00
[]	[]	Life Members:	
		Family	\$ 2000.00
		Individual	\$ 1000.00
		Youth Connection Participation (Total from YC Registration Form)	\$ _____
		<u>Donation: General Fund (Charity Contributions etc.)</u>	\$ _____
		Building & Administration	\$ _____
		Adult Education	\$ _____
		Youth Connections (Children's Education)	\$ _____
		Ghambhar & Jashan Fund	\$ _____

Total Amount \$ _____

* Regular Members: At least one member of the family is Zoroastrian.
 ** Associate Members: No member of the family is Zoroastrian.

**Please make your check payable to
 ZAOM**
 And mail it with your form to:
 BEPSI SANJANA
 28263 Golf Pte. Blvd.
 Farmington Hills, MI 48331

I acknowledge that I have read the current version of the Zoroastrian Association of Michigan (ZAOM) By-laws and agree to follow them.

 Signature Date