



# ORGANIZATION FOR HINDU RELIGION AND CULTURE

## हिन्दू धर्म तथा सांस्कृतिक संगठन

Non-Profit Organization (गैह लाभ संगठन)

Membership Form (सदस्यता फारम)

Date :- \_\_\_\_\_

### Section I: Personal Information (व्यक्तिगत जानकारी)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I \_\_\_\_\_  
थर नाम मध्य प्रारंभिक

Age (उमेर) \_\_\_\_\_ Sex (लिङ्ग) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_  
ठेगाना (Street / P.O box) घर न शहर

Postal Code \_\_\_\_\_  
ज़िपकोड

Phone \_\_\_\_\_ Email \_\_\_\_\_  
फोन इमेल

### Section II: Membership Types/Fee

सदस्यता प्रकार र शुल्क

Period between:- 01/01/2017-12/31/2017

अवधिमा

S.N	Type (प्रकार)	Fee	(Choose one)
01	Board Member (बोर्ड सदस्य)	\$51.00	
02	Patrons/Honorary Member (संरक्षक /मानार्थ सदस्य)	\$41.00	
03	Advisory Board Member (सल्लाहकार सदस्य)	\$31.00	
04	Family Membership (परिवार सदस्य)	\$25.00	

The above member can fill out the names of their family members at the back.  
(माथि उल्लेखित सदस्यले आफ्नो परिवारका अन्य सदस्यहरूको नाम पछाडि खाली ठाउँमा लेख्न सक्नु हुनेछ।)

05	Individual Member (व्यक्तिगत सदस्य)	\$15.00	
06	Student Member (विद्यार्थी सदस्य)	\$5.00	

The below membership is for lifetime (तल उल्लेखित सदस्यता आजीवन रहनेछ)

07	Lifetime Member (आजीवन सदस्य)	\$1001.00	
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Amount enclosed \$ \_\_\_\_\_  
रकम

In words \_\_\_\_\_  
शब्दमा

### Section III: Consent/Declaration (सहमति / घोषणा)

I hereby declare that as a member, I shall uphold the rules and regulations of the organization.  
म यो स्वीकार गर्छु कि म संगठनका सबै नियम पालना गर्दै सदस्यता लिन चाहन्छु।

Signature of the Applicant \_\_\_\_\_  
आवेदकको हस्ताक्षर

Date: \_\_\_\_\_  
मिति:

Make the check payable to OHRC and mail it in the below mentioned address. We do not encourage to mail cash payment.

चेक OHRC लाई लेखी तल उल्लेख ठेगानामा मेल गर्नु होला । हामी नगद रकम मेल गर्न प्रोत्साहन गर्दैनौ।

**P. O Box 4611 HBG PA 17111**

**PHONE: 7173792104**

**Note: We only accept Money Order, Cash and Personal check for Payment.**

जानकारी:- हामी शुल्क भुक्तानी लागि मनी अडर, नगद र निजी चेक मात्र स्वीकार गर्दछौ ।

**Cont.Section II. Name of the rest family members (बाँकी परिवारका सदस्यहरूको नाम)**

Note: If the space limited, use separate paper. (यदी स्थानको अभाव भएमा, अर्को पेपरको प्रयोग गर्न सक्नु हुनेछ।)

S.N	Name ( नाम )	Sex	Age	Relationship to applicant
01				
02				
03				
04				
05				
06				
07				
08				

**For official use only**

Receipt # \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ In words \_\_\_\_\_

Payment Type :-

\_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Personal Check

Signature of the Receiver \_\_\_\_\_ Date \_\_\_\_\_