

# Soni Samaj of USA

## **MEMBERSHIP FORM**

*Federal Tax ID # 0100-6736-56*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (M/D/Y) \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Member Names: 1) \_\_\_\_\_ 2) \_\_\_\_\_

(If more than two please provide their name on Separate paper)

Would you be interested in volunteering opportunities? Yes / No

**MEMBERSHIP FEES:** One time life membership fee per family is US \$ 50.00

Make Check payable to: **Soni Samaj of USA**

Address: 10 Clinton Ave, Edison, NJ 08820

Membership fees paid by: \_\_\_\_\_ Check \_\_\_\_\_ Cash (Please note: Do not send cash in mail)

For more details, please send us an e-mail to [sonisamajusa@gmail.com](mailto:sonisamajusa@gmail.com) or call Mukesh Soni at (732) 669-0952

or Vinit Rajpara at (908)-431-7777. You can also visit our website at <http://sonisamajofusa.org>

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## Soni Samaj of USA

## **Membership dues Receipt**

*Federal Tax ID #: 0100-6736-56*

Name: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Fees Paid by: \_\_\_\_\_ Check \_\_\_\_\_ Cash

Received By: \_\_\_\_\_ Date: \_\_\_\_\_