

Brahmin Samaj of Georgia, Inc.

(A Non-Profit 501(c)(3) Registered Organization)

P.O. Box 80162
Atlanta, GA 30366
Tel: (770-662-8628)

E-mail: BSOGATLANTA@HOTMAIL.COM

Website: http://members.tripod.com/~Brahmin_Samaj_of_GA/

I/We wish to apply for membership in the Brahmin Samaj of Georgia, Inc. Enclosed herewith, please find the required fee for the same.

Life Membership: \$250

Annual Membership: \$35/year

(Membership valid Thru Calendar Year January thru December)

Please make Check Payable to Brahmin Samaj of Georgia, Inc.

Applicants Name: _____
(Last) (First) (Middle)

Occupation: _____ Education: _____

Spouses Full Name: _____
(Last) (First) (Middle)

Spouse Occupation: _____ Spouse Education: _____

Address: _____
(Number) (Street) (Apartment Number)

(City) (State) (Zip Code)

Telephone: (Residence) _____ (Office) _____ (Fax) _____

E-Mail Address 1: _____ E-Mail Address 2: _____

Native Place: _____

Family Members residing in the same household

| Name | Relation | Age | Education | Occupation |
|------|----------|-----|-----------|------------|
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I/We understand that I/We have supplied the above information voluntarily. I/We also agree that the information may be used for the benefit of the Brahmin Samaj and its members anytime.

Signature(s) _____ Date: _____

For Office use Only: Received amount of \$ _____ for Life _____ Annual Membership _____ Check # _____

Treasurer: _____ Receipt #: _____ Date: _____