



THE HINDU SOCIETY OF MANITOBA

A registered, non-profit charitable organization devoted to Hindu Culture, Philosophy & Religion.
(Founded 1970) Official Registration No. 0383281-39-21)

MEMBERSHIP APPLICATION FORM

DATE: / /

Location (Where signing up)-

Hindu Temple & Dr. Raj, Pandey Hindu Centre - 999 St. Anne's Road, Winnipeg, MB, R2N 4G5, Tel - (204) 257-6913

Hindu Temple - 854 Ellice Avenue, Winnipeg, MB, R3G 0C4, Tel - (204) 774-9197

I wish to become a member of the Hindu Society of Manitoba and agree to abide by the rules of membership as per its Constitution and as described on the reverse page. I am a Hindu and/or believe in the Hindu way of life.

I am applying towards membership for the year 20_____

NEW MEMBERSHIP— Being sponsored by two current members of the Society

RENEWAL – Currently a Member of the Society and applying before January 31 of the above stated year.

RENEWAL— Been a Member of the Society within the last 12 months and am applying after January 31 of the above stated year.

I CONSENT TO PUBLISH MY NAME AND CONTACT INFORMATION IN THE HINDU DARSHAN - YES / NO (INITIALS)_____

Following information should be filled by all applicants:

LAST NAME: _____ FIRST NAME: _____

SPOUSE NAME: _____ EMAIL: _____

ADDRESS: _____

POSTAL COOE: _____ TELEPHONE: _____ SIGNATURE: _____

*FORM ACCEPTED BY (NAME): _____ SIGNATURE: _____

TYPE OF MEMBERSHIP (PLEASE SELECT ONE):

Yearly Family - \$30

Yearly Individual - \$20

Patron (Individual) - \$ 3000
Patron (Spouse) - \$3000
(Donations within 4 years)

Associate (Single) - \$10

Seniors (65 & older) - \$10

Life (individual) - 1000
Life (Spouse) - \$1000
(Donations within 4 years)

Associate (Family) - \$15

Student (Full Time) - \$10

*NEW members must provide at least TWO sponsors who are current members of the Hindu society of Manitoba.

1) I personally know the above named applicant for the last ____ year(s) and recommend him/her to become a member.

NAME: _____ Phone: _____ SIGNATURE: _____

2) I personally know the above named applicant for the last ____ year(s) and recommend him/her to become a member.

NAME: _____ Phone: _____ SIGNATURE: _____

PLEASE SEE BACK SIDE ALSO. THANKS