

UNITED INDIA ASSOCIATION OF NEW ENGLAND, INC.

Membership Form

(Please fill up all the lines and then Print the form)

Bring the printed form with the Check to the Event or Mail Form and Check to the address given on the website

Membership Type: _____

Member Name: _____

Spouse Name: (if applicable) _____

Children: (if applicable) _____

Name Gender Age

Name Gender Age

Name Gender Age

Mailing Address: _____
Street

City/Town State Zip

Telephone: _____
Home Work

FAX Cell

Email Address: _____
(For easy communications your email address would be deeply appreciated)

Member Signature: _____
Date (mm/dd/yyyy)

FOR OFFICIAL USE ONLY

Membership Dues: Paid \$ _____ Date: _____

Membership Card Number: _____ Date: _____

Payment Received by: _____
Signature Date