Guru Nanak Foundation of America, Inc.

(A Non-Profit Tax Exempt Religious Organization)

12917 Old Columbia Pike, Silver Spring, MD 20904 U.S.A.

Phone: (301) 384-2133 www.gnfa.org

APPLICATION FOR MEMBERSHIP Year 2023

☐ NEW APPLICANT ☐ RENEWAL

1. PLEASE PRINT ONLY, DO NOT SIGN THE FORM YET.
2. Please present this form in person with acceptable form of I D.
3. Signature shall be witnessed by Membership Coordinator/Designate.
4. One check or money order per application. (*** Sorry – No Cash.***)
5. Immediate family members residing at same address can renew for the family.

1: Last Name Member **Male** ☐ **Female** ☐

First Name Member **Date of Birth** - -

2: Last Name Spouse **Male** ☐ **Female** ☐

First Name Spouse **Date of Birth** - -

3: Last Name Child **Male** ☐ **Female** ☐

First Name Child **Date of Birth** - -

4: Last Name Child **Male** ☐ **Female** ☐

First Name Child **Date of Birth** - -

Address

City **State** **Zip Code** **+ 4 digits** -

Home Phone - - **Cell Phone** - - **Work Phone** - -

Email 1

Email 2

AIMS & OBJECTIVES OF GURU NANAK FOUNDATION OF AMERICA, INC.

To propagate the teachings of GURU NANAK; To promote religious, educational, social and cultural aspects of Sikhism; To regularly hold congregations and partake in celebrating Gurpurbs and other specific occasions. To establish and maintain Sikh Centers in the Washinghton Metropolitan area in other Metropolitan areas in the United States; To interface activities with other institutions with similar objectives.

I Hereby apply for membership in the G.N.F.A., Inc. and pledge to abide by the Constitution and By-Laws of the G.N.F.A. I have a legal-status in the U.S.A.

I have received a copy of the Constitution and By-Laws. (additional copies available at a nominal charge of $1.00).

Signature : _____ **Date:** _____

ANNUAL MEMBERSHIP FEES

☐	One year	$ **85.00**	☐	Senior Member (Age 65 and above)	$ **33.00**	☐	Youth	$ **33.00**
☐	Two year	$	☐	Patron – **Intial**	$	☐	Life-1 time	$
☐	Three year	$	☐	Trustee – **Intial**	$	☐	Other	$

Application approved by: **(***This Section is for Membership Committee use only***)**

COMMITTEE MEMBER NAME **COMMITTEE MEMBER SIGNATURE** **DATE APPROVED**

For Record Keeping Purposes Only

Date	Amount Received		For the Year	Recv'd By (Initials)		Date	Amount Received		For the Year	Recv'd By (Initials)
	Membership	Donation					Membership	Donation		