

MEMBERSHIP APPLICATION:

HINDU BHAVAN ,  
P.O. BOX 87255,  
FAYETTEVILLE, NC 28304.

PLEASE SEND A CHECK OF \$ 151 FOR ANNUAL MEMBERSHIP (DONORS WITH \$ 1,500 OR MORE PER YEAR IN DONATIONS OR PLEDGES FULFILLED ARE EXEMPT-MAIL APPLICATION ONLY)

Date : \_\_\_\_\_

NAME(S):

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ADDRESS:

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PHONE: \_\_\_\_\_ E MAIL: \_\_\_\_\_

I HAVE READ THE BYLAWS OF HINDU BHAVAN AVAILABLE ON ITS WEBSITE HINDUBHAVAN.ORG AND AGREE TO ABIDE BY IT .

SIGNATURE OF APPLICANTS: \_\_\_\_\_  
\_\_\_\_\_

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For use of Hindu Bhavan:

Membership approved by board of trustees- date: \_\_\_\_\_

Annual dues paid/met FOR YEAR \_\_\_\_\_: \_\_\_\_\_, Treasurer