

# ORISSA SOCIETY OF THE AMERICAS

## Membership Form



www.orissasociety.org

### Your Family Information:

<b>Your Name:</b>	<small>First</small>	<small>Middle</small>	<small>Last</small>
<b>Spouse Name:</b>			
<b>Children's information:</b>	Name	Age	

### Your Address Information:

Address:			
City:	State:	Zip:	Country:
Phone:	Phone(Alt):	Fax:	
Email:	Home Page (URL) if any:		

### Membership Fees:

	Benefactor	Patron	Life Membership	Annual Memebrship*
Family:	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	<input type="checkbox"/> \$25
Single:	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	<input type="checkbox"/> \$10
			<input type="checkbox"/> \$300	<input type="checkbox"/> \$10 Student (Family)
			<input type="checkbox"/> \$300	<input type="checkbox"/> \$5 Student (Single)
5-Year Member:	\$100 (membership valid till the 5th next June 30th)		<input type="checkbox"/>	

\*Annual Membership is valid from 1st July to 30th June.

### Miscellaneous Information:

Special interest or Hobbies:	
Children's Talent:	
How can you help us ?:	

*Please make your check payable to " OSA " and mail it to the address listed below.*

PO Box:1293, The Orissa Society of the Americas, Richland, WA-99352, USA. Email:treasurer@orissasociety.org ph: (301) 972-8059

Signature	Date
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