

The Orissa Society of the Americas Membership Form



www.orissasociety.org

Your Family Information

Your Name	First:	Middle:	Last:	Age:
Spouse Name				
Children Information	Name:	Age:		

Your Address Information

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

Membership Fees

	Benefactor	*Patron	*Life Membership	Annual Membership	5-year membership
Family (Regular)	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100
Single (Regular)	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	<input type="checkbox"/> \$10	<input type="checkbox"/> \$100
Student (Family)				<input type="checkbox"/> \$10	
Student (Single)				<input type="checkbox"/> \$5	
Supporting Member	Families, Organizations and People contributing <input type="checkbox"/> \$100 per year				
* Member promotion rate for Life Membership is \$200 and Patron is \$500 (valid until March 31, 2010)					

Miscellaneous Information

Special Interest or Hobbies	
Children's Talent	
How can you help OSA	
Signature	Date
Please make your check payable to OSA and send it to Dr Akhileswar Patel , Treasurer, OSA, 49 Cannon Rd, Old Bridge, NJ 08857, USA	
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Declaration: I ----- sincerely pledge that I (and my family members) want to become a member of The Orissa Society of the Americas (OSA) voluntarily at my/our own free will. Neither OSA, nor any volunteer OSA officer or member will be liable for my and my family's discontentment, dissatisfaction or any problems with OSA.

Signature: _____ Date _____