

Ogrojatra – Bangladeshi Association for San Diego and Vicinity



E-Mail: sdogrojatra2014@gmail.com Web: <http://www.ogrojatra.org>

Membership Information

Member Name: _____

Gender: Male Female Occupation: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse's Name: _____

Occupation: _____

Phone: _____ Email: _____

Please review qualification criteria and annual membership fees for the following:

New Member Renewal Member Membership Number: _____

Renewal Membership: Family (\$35) Couple (\$25) Student (\$15)

New Membership: Family (\$40) Couple (\$30) Student (\$15)

Enclosed \$ _____ Type of Payment: Cash Check Check Number: _____

I accept membership into Ogrojatra - Bangladeshi Association for San Diego and Vicinity and that the standards are limited to persons of good moral character and reputation. I recognize the importance of rendering personal service to my community in cooperation with other civic-minded persons. I understand that membership is not valid until approved by the association's board of directors. I understand by signing this I shall abide by the terms and conditions for members as defined in the association's by-laws. I also understand, Membership does not include free admissions for events, may receive discounts on tickets.

Signature: _____ Date: _____

Additional Family Member Information (in addition to the ones mentioned above. If additional members are more than 4 please apply for a separate membership)

Family Member 1: _____ Gender: _____ Age: _____

Family Member 2: _____ Gender: _____ Age: _____

Family Member 3: _____ Gender: _____ Age: _____

Family Member 4: _____ Gender: _____ Age: _____