UNITED INDIA ASSOCIATION OF NEW ENGLAND, INC.

Membership Form

(*Please use* CAPITALS *for clarity and accuracy*)

Membership Type: FAMILY SINGLE

Member Name: Mr./Ms./Dr. _____

Spouse Name: (if applicable) _____

Children: (if applicable) _____
Name *Gender* *Age*

_____
Name *Gender* *Age*

_____
Name *Gender* *Age*

Mailing Address: _____
Street

_____
City/Town *State* *Zip*

Telephone: _____
Home *Work*

_____
FAX *Cell*

Email Address: _____
(For easy communications your email address would be deeply appreciated)

Member Signature: _____
Date

FOR OFFICIAL USE ONLY

Membership Dues: Paid $ _____ Date: _____

Membership Card Number: _____ Date: _____

Payment Received by: _____
Signature *Date*