ZAGNY

Zoroastrian Association of Greater New York

2008 ZAGNY MEMBERSHIP FORM

Name: _____ _____ _____
Last Name ***First Name*** ***Spouse's Name***

Children: ***Name*** ***Birthday* (MM/DD/YYYY)**

_____ _____
_____ _____
_____ _____
_____ _____

New Member: ☐
Returning Member: ☐

Home Address:

_____
_____
_____
_____
_____

Would you like to receive Time-Sensitive Community Updates via Email?

Member Email _____ ☐ Yes
Spouse's Email _____ ☐ Yes
Phone (Home) _____
Phone (Cell) _____

FEZANA — Would you like to subscribe to the FEZANA Journal? ☐ Yes

	Member Info	***Spouse Info***
Originally From:		
Company Name:		
Title		
Address 1		
Address 2		
Address 3		
Business Phone		
Business Fax		
Business Email		

Type of Membership(s):	***Fee***
_____ Family	$ 100
_____ Individual (Per person)	$ 50
_____ Senior (Per person)	$ 30
_____ Student (Per person)	$ 25
_____ Non-Resident (Per person)	$ 40

- Family: Parent(s) and their Children under the age of 21 years.
- Individual: 21 years old and over.
- Senior: 65 years old and over.
- Student: Individual enrolled full-time at an academic institution.
- Non-Resident: Residing outside the states of New York, New Jersey, or Connecticut.

Type of Donation(s)	***Amount***
☐ New Building Fund	$ _____
☐ General Fund	$ _____
☐ Scholarship Fund	$ _____
☐ Critical Assistance Fund	$ _____
☐ Library Fund	$ _____
☐ Other _____	$ _____
Total Donations	$ _____
Grand Total	$ _____

Please make your check payable to "***ZAGNY***" and mail it with your form to:

ZAGNY Treasurer – Minoo Bengali
1124 Indian Hill Road
Toms River, NJ 08753
Telephone: 732-288-1227