

2009 ZAGNY DIRECTORY/MEMBERSHIP FORM

11/08- BMD

Mail form by 2/15/09 to get included in 2009 Directory.

New Member Returning Member

Please note Directory will be made available to our advertisers.

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

CHILDREN: *Name* *Date of Birth (mm/yy)*

HOME ADDRESS:

▶ Prefer Newsletter via Email: Yes No

Phone (Home): _____

Phone (Cell) : _____

E-Mail: _____

Spouse's E-Mail: _____

Please include the checked addresses on ZAGNY email list.

My contact information has changed within the last year.

SELF INFO.

SPOUSE'S INFO.

Originally from: _____

Company Name: _____

Profession/Title: _____

Address: _____

Business Phone: (____) _____ - _____

Business Fax: (____) _____ - _____

Business E-mail: _____

If you wish to become member of ZAGNY please select one:

<u>Regular Member*</u>	<u>Associate Member**</u>		
[]	[]	Family membership	\$100
[]	[]	Individual adult membership	50
[]	[]	Senior citizens-per person	30
[]	[]	Full time student membership	25
[]	[]	Non-resident membership	40
		Copy of 2009 Directory	10
		(1 free copy per membership) – Shipping	5

Please allocate my donation to the following fund(s):

\$ _____

New Building _____

General Fund _____

Scholarship _____

Critical Assist. _____

Library _____

Other _____

Donation: \$ _____

TOTAL: \$ _____

* Regular Members: At least one member of the family is Zoroastrian

**Associate Members: No member of the family is Zoroastrian

- Family: Parent(s) and their Children under the age of 21 years.
- Individual Adult: 21 years old and over.
- Senior Citizen: 65 years old and over.
- Student: Enrolled Full-Time at an Academic Institution.
- Non-Resident: Residing outside the States of New York, New Jersey and Connecticut.

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

ZAGNY Treasurer, Kerman N. Dukandar
96 Bernard Avenue, Edison, NJ 08837
Tel. 732-494-7976