



# 2012 ZAGNY MEMBERSHIP FORM New Member Returning Member

Note: all information on this membership form may be made public – please use your discretion when completing the form

NAME: \_\_\_\_\_  
Last Name First Name Spouse's Name

CHILDREN: Name Date of Birth (mm/yyyy)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My contact information has changed within the last year  YES  NO

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Phone (Home): \_\_\_\_\_  
\_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_   
\_\_\_\_\_ Spouse's E-Mail: \_\_\_\_\_

Please check box if you would NOT like to be on the ZAGNY email list

Prefer Newsletter via: Email  Hard Copy

### MEMBER'S INFORMATION

### SPOUSE'S INFORMATION

Originally from: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Profession/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone: ( ) - \_\_\_\_\_  
Business Fax: ( ) - \_\_\_\_\_  
Business E-mail: \_\_\_\_\_

( ) - \_\_\_\_\_  
( ) - \_\_\_\_\_  
\_\_\_\_\_

### TYPE OF MEMBERSHIP (please select one):

Regular Member *	Associate Member **		
[ ]	[ ]	Family membership	\$120
[ ]	[ ]	Individual adult membership	\$60
[ ]	[ ]	Senior citizen - per person	\$35
[ ]	[ ]	Student membership	\$30
[ ]	[ ]	Non-resident membership	\$45

Donation \*\*\*: \$ \_\_\_\_\_

TOTAL via CHECK # \_\_\_\_\_ : \$ \_\_\_\_\_

\*\*\*Please allocate my donation to the foll. fund(s):

New Building \$ \_\_\_\_\_

General Fund \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Critical Assist. \$ \_\_\_\_\_

Library \$ \_\_\_\_\_

2012 Congress \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

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

\*\*Associate Member: No member of the family is Zoroastrian

- Family:** Parent(s) and their Children under the age of 21 yrs.
- 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 along with your completed form to:  
**ZAGNY Treasurer - Kerman Dukandar**  
**96 Bernard Avenue**  
**Edison, NJ 08837**  
**Tel. 732-494-7976**