

Hindu Temple and Cultural Society of USA, Inc. (HTCS)

(A Non-Profit, Tax-Exempt Organization)

Sri Venkateswara Temple (Balaji Mandir) and Community Center

1 Balaji Temple Drive • Bridgewater, NJ 08807 • Telephone 908.725.4477

http://www.venkateswaratemple.org

All membershiprelated enquiries must be directed to:

membership.chair@ venkateswaratemple.org

MEMBERSHIP APPLICATION FORM

Please familiarize yourself with the membership rules before completing this form. The application form must be completed in full and signed. In case of a joint application, spouse's information must be provided. Fields marked by an * are required. E-mail addresses collected will be used for HTCS correspondence and for notification of Temple events. Please consult your tax attorney/accountant to determine whether membership dues are tax-deductible.

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APPLICANT INFORMATION											
Print Name: Last *	First *			Middle I	nitial	☐ Mr. ☐ Mrs.	Ms.	Gender M	*	Legal Resident of USA * Yes No	
Spouse's Name: Last *	First *			Middle I	nitial	☐ Mr. ☐ Mrs.	☐ Ms. ☐ Dr.	Gender	*	Legal Resident of USA * Yes No	
Address (Street Name o	and Number) *		ļ	Apt. #		Telephone	(Home) *		Telep	phone (Work/Mobile) *	
City *		State *	Z	ip Code *		E-mail Add	lress *		1		
MEMBERSHIP CATEGORIES AND DUES											
Are you an existing m If "Yes", what is your c Grand Patron	hat is your current membership category?			aid ar	■ <i>A</i>	A person or couple is limited to one membership at a time. Associate membership is the only category of membership available to corporations, LLCs, trusts, professional associations and other organizations.					
PLEASE SELECT MEMBERSHIP TYPE BELOW						 Associate membership has no voting privileges and cannot be upgraded to another membership category. 					
Membership Category	Minimum Payabl Dues In	e New Membership	Upgrade Ir	No. of nstallments	- N	Membership dues paid partially or in full must accompany each membership application. General donations cannot be transferred towards membership dues, unless specified in writing at the time of payment. Membership dues must be paid in full within the specified installment period. Payment of membership dues for family members is allowed.					
Benefactor	\$ 50,000 5 year	s 🗌			• G						
Grand Patron	\$ 10,000 3 year	s 🗆			- N						
Patron	\$ 5,000 2 year	s 🗌									
Life Member	\$ 1,000 2 year	s 🗌			Family includes spouse, children, grandchildren, sons-in-lav daughters-in-law and siblings. No other third party paymer						
Associate Member	\$ 1,000 1 year	. 🗆			will be accepted.					ma party payments	
PAYMENT INFORMATION											
Total Payment Due *		If the ayer is	Name: Last *		First * Relationship to					lationship to Applicant *	
Payment Included *	Cash Check	other Address plicant	s *				ephone *				
						applicant becomes a member only after approval by the Board of es. If the application is not accepted, all dues collected will be returned.					
ACKNOWLEDGEMENT AND CERTIFICATION											
By signing this Membership Form, I/we acknowledge that I/we am/are 18 years of age or older, am/are the legal resident(s) of the USA, and have been advised of the rules governing membership to the HTCS. I/we certify that the information provided herein is true to the best of my/our knowledge and belief. I/we affirm my/our firm belief in the Hindu religion, its culture and traditions and pledge to support the mission and the activities of the HTCS. I/we further agree to comply with all applicable rules, terms and provisions of the HTCS as they currently exist or as enacted in the future by the governing body of the HTCS.											
Applicant's Signature * Spouse's Signature *						Date *					
FOR HTCS USE - Do not write below this line											
	CC Amount Received	Receipt No.		es		MEMB	ERSHIP AI	PPROVAL	-		
Notes:			Пи	O Signatu	re – Me	embership Com	nmittee	Sigr	nature –	- Treasurer	