Houston Durga Bari Society

13944 Schiller Road, Houston, TX 77082, USA
A non-profit 501(C) 3 tax exemption organization; EIN # 76-0508370
Ph: 281.485.0977 & 713.798.3879; Fax: 815-346-3128
Email: info@houstondurgabari.org Website: www.houstondurgabari.org

MEMBERSHIP FORM

A1. MEMBER DETAILS:

Last Name:	First Name:	
Spouse's Name:		
Address:	City: State: Zip:	
Phone: H -	W -	C -
Email 1 & 2 (required entry):		

A2. CHILDREN'S DETAILS:

Child 1:	Age:	Child 2:	Age:
Child 3:	Age:	Child 4:	Age:

B. PROFESSIONAL & VOLUNTEERING INFORMATION:

MEMBER:	Sales ☐ Mkt ☐ Mgmt: ☐ Eng ☐ Doc ☐ SoftW ☐ Res ☐ Bus ☐ Other* ☐	Can we contact you to Volunteer	Y ☐ N ☐
SPOUSE:	Sales ☐ Mkt ☐ Mgmt: ☐ Eng ☐ Doc ☐ SoftW ☐ Res ☐ Bus ☐ Other* ☐	Can we contact you to Volunteer	Y ☐ N ☐

***OTHER: PLEASE SPECIFY:**

C. PAYMENT DETAILS: (CHOOSE CATEGORY, PAYMENT OPTION, & PAYMENT METHOD)

Membership Category	Suggested Donation	Payment Option
INDIVIDUAL	$100	Monthly ☐ Onetime ☐
FAMILY	$110	Monthly ☐ Onetime ☐
FAMILY DONOR	$1000	Monthly ☐ Onetime ☐
LIFE MEMBER	$2000	Monthly ☐ Onetime ☐

Membership Category	Suggested Donation	Payment Option
BENEFACTOR	$5000	Monthly ☐ Onetime ☐
PATRON MEMBER	$10000	Monthly ☐ Onetime ☐

My Membership Category _____ My Charge for Membership: **$**.....

My Maintenance Fee: ☐ $100 Maintenance Fee: **$**.....

My Other Donation: ☐ None ☐ $5 ☐ $10 ☐ $15 Other Donation: **$**.....

Total Amount: **$** .....

Today's Date (mm/dd/yy): _____ Automatic Deduction: ☐ Y ☐ N

☐ **1.** PERSONAL CHECKS: Check No._____ Check Amount: $_____

(Payable to: **Houston Durga Bari Society** and Mail to: 13944 Schiller Road, HOUSTON, TX – 77082)

☐ **2.** CREDIT CARD: Please charge: ☐ Visa ☐ M/C ☐ Amex ☐ Discover Expiration date ..... / .....

Credit Card Number:

Billing Address: ☐ Same as Above or

Please Specify: _____

City: _____ State: _____ Zip: _____

CARD HOLDERS NAME: _____ SIGNATURE: _____ *V1.2*