



ORGANIZATION FOR HINDU RELIGION AND CULTURE

हिन्दूधर्म तथा साँस्कृतिक संगठन

Non-Profit Organization
Membership Form

Date :- _____

Section I: Personal Information (व्यक्तिगत जानकारी)

Last Name _____ First Name _____ M. I. _____
थर नाम मध्य प्रारंभिक

Age (उमेर) _____ Gender (लिङ्ग) _____

Address _____ Apt # _____ City _____
ठेगाना (Street / P.O box) घर न शहर

Postal Code _____

जिपकोड

Phone _____ Email _____

फोन इमेल

Section II: Membership Types/Fee

सदस्यता प्रकार र शुल्क

Period between: 01/01/2021 - 12/31/2021

अवधिमा

S.N	Type - (प्रकार)	Fee	(Choose one)
01	Board Member (बोर्ड सदस्य)	\$51.00	
02	Patrons/Honorary Member (संरक्षक - मानार्थ सदस्य)	\$41.00	
03	Advisory Board Member (सल्लाहकार सदस्य)	\$31.00	
04	Family Membership (परिवार सदस्य)	\$25.00	

The above member can fill out the names of their family members at the back.

(माथि उल्लेखित सदस्यले आफ्नो परिवारका अन्य सदस्यहरूको नाम पछाडि खाली ठाउँमा लेख्न सक्नु हुनेछ ।)

05	Individual Member (व्यक्तिगत सदस्य)	\$15.00	
06	Student Member (विद्यार्थी सदस्य)	\$5.00	

The below membership is for lifetime (तल उल्लेखित सदस्यता आजीवन रहनेछ)

07	Lifetime Member (आजीवन सदस्य)	\$1001.00	
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Amount enclosed \$ _____

In words _____

रकम

शब्दमा

Section III: Consent/Declaration (सहमति – घोषणा)

I hereby declare that as a member, I shall uphold the rules and regulations of the organization.

म यो स्वीकार गर्छु कि म संगठनका सबै नियम पालना गर्दै सदस्यता लिन चाहन्छु ।

Signature of the Applicant _____

Date: _____

आवेदकको हस्ताक्षर

मिति:

Make the check payable to OHRC and mail it in the below mentioned address. We do not encourage to mail cash payment.

चेक OHRC लाई लेखि तल उल्लेख ठेगानामा मेल गर्नु होला । हामी नगद रकम मेल गर्न प्रोत्साहन गर्दैनौ ।

5650 Lancaster Street Harrisburg PA 17111

PHONE: 717-379-2104

Note: We only accept Money Order, Cash and Personal check for Payment.

जानकारी: हामी शुल्क भक्तानीको लागि मनि अडर, नगद र निजी चेक मात्र स्वीकार गर्दछौं ।

Cont.Section II. Name of the rest family members (बाँकी परिवारका सदस्यहरूको नाम)

Note: If the space limited, use separate paper. (यदी स्थानको अभाव भएमा, अर्को पेपरको प्रयोग गर्न सक्नु हुनेछ ।)

S.N	Name (नाम)	Gender	Age	Relationship to applicant
01				
02				
03				
04				
05				
06				
07				
08				

For official use only

Receipt # _____ Amount Received \$ _____ In words _____

Payment Type :-

_____ Cash _____ Money Order _____ Personal Check

Signature of the Receiver _____ Date _____