



**MEMBERSHIP FORM**

Membership Application:  Renewal  New Member      Membership Year April 1<sup>st</sup> 20\_\_ - March 31<sup>st</sup> 20\_\_

**Membership Category/Fees**

<input type="checkbox"/> <b>Family</b>	<input type="checkbox"/> <b>Individual</b>	<input type="checkbox"/> <b>Student</b>	<input type="checkbox"/> <b>Senior</b>	<input type="checkbox"/> <b>Family senior</b>
Includes children under the age of 18	Non-student over age 18	Full time student age 18-25	Age 65 and over	Both spouses age 65 and over
\$100	\$60	\$30	\$30	\$50

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Spouse Last Name: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apartment/Suite# \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Email: \_\_\_\_\_ Age: \_\_\_\_\_ Signature \_\_\_\_\_

**Dependent Information:**

First & Last Name	Age

Select your communication methods: Auto dialer (US & Canada), E-Mail and SMS Messages (SMS within Canada Only)

Auto dialer voice messages:  Home  Cell  Spouse Cell: \_\_\_\_\_

SMS Messages:  Yes  No

Newsletter:  Email \_\_\_\_\_  Spouse Email: \_\_\_\_\_  Regular Mail

*(Regular mail will incur a \$5/month charge – payable annually for a total of \$60. Please include this cost in your membership fees total below.)*

Total Enclosed: Cash \$ \_\_\_\_\_ Cheque \$ \_\_\_\_\_

(All cheques payable to "Zoroastrian Society of Ontario" and mailed to Attn: ZSO Treasurer (Membership Form) 3590 Bayview Avenue, Toronto, ON, M2M 3S6). Please note the bank will **NOT** accept cheques payable to "ZSO".

I have reviewed the ZSO Constitution & Bylaws\* and agree to abide by them (\*available on the ZSO website [zso.org](http://zso.org))

**NEW MEMBERS must be introduced by two ZSO members in good standing and approved by the ZSO Board of Directors (BOD).**

**Existing ZSO Member**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

**Existing ZSO Member**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

**Approved by the ZSO BOD**

Yes  No

\_\_\_\_\_  
Signature