



MEMBERSHIP FORM

Membership Application: [] Renewal [] New Member Membership Year April 1st 20 - March 31st 20

Membership Category/Fees

Table with 5 columns: Family, Individual, Student, Senior, Senior Couple. Includes details on fees and eligibility criteria for each category.

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:

Table with 2 columns: First & Last Name, Age. Multiple rows for listing dependents.

Select your communication methods: Auto dialer (US & Canada) and/or E-Mail or *Letter Mail

Auto dialer voice messages: [] No [] Yes: () - Newsletter: [] Email [] Spouse Email [] *Letter Mail (*Newsletter by Letter Mail are only for Senior or Senior Couple members)

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)

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

Existing ZSO Member form with fields for Print Full Name and Signature.

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Approved by the ZSO BOD form with Yes/No checkboxes and a Signature field.