



ZOROASTRIAN SOCIETY OF ONTARIO

3590 BAYVIEW AVENUE, TORONTO, ONTARIO M2M 3S6

MEMBERSHIP FORM

Membership Application: ☐ Renewal ☐ New Member Membership Year April 1st 20____ - March 31st 20____

Membership Category/Fees

<input type="checkbox"/> Family	<input type="checkbox"/> Individual	<input type="checkbox"/> Student	<input type="checkbox"/> Senior	<input type="checkbox"/> Senior Couple
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
\$120	\$70	\$40	\$40	\$60

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) 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 (Bylaws available on the ZSO website zso.org/about-us)

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 _____