

Shri Ram Chandra Mission**Membership Card Information**

Please write in BLOCK Letters while completing this form. Fields marked by an asterisk are mandatory.

Name: *First _____		*Last _____	
*Are you a Prefect? Yes <input type="checkbox"/> No <input type="checkbox"/>		*Were you issued a PhotoID in India? No <input type="checkbox"/> Yes <input type="checkbox"/> ID#: _____	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/> * Date of Birth (mm/dd/yyyy) _____		Date of Introduction (mm/dd/yyyy) _____	
* Street Address _____ _____		* Center (Place where you attend Sunday Satsangh) _____	
* City _____ State _____		Introduced By (Preceptor's Name) _____	
* Country _____ * Postal Code _____			

Phone1 _____ Res <input type="checkbox"/> Off <input type="checkbox"/> Cell <input type="checkbox"/>
Phone2 _____ Res <input type="checkbox"/> Off <input type="checkbox"/> Cell <input type="checkbox"/>
Fax1 _____ Res <input type="checkbox"/> Off <input type="checkbox"/>
Fax2 _____ Res <input type="checkbox"/> Off <input type="checkbox"/>
Email _____

<p>Attach Color Passport size photograph in this space.</p> <p><i>The <u>suggested voluntary donation</u> for processing the ID Card is US \$10.00</i></p> <p><i>Make checks payable to "SRCM"</i></p>

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Name: *First _____		*Last _____	
*Are you a Prefect? Yes <input type="checkbox"/> No <input type="checkbox"/>		*Were you issued a PhotoID in India? No <input type="checkbox"/> Yes <input type="checkbox"/> ID#: _____	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/> * Date of Birth (mm/dd/yyyy) _____		Date of Introduction (mm/dd/yyyy) _____	
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