

Society of Nepalese in Hawaii (SNEHA)

MEMBERSHIP FORM

To become a member of SNEHA or make a donation, please fill out and mail this form with your check to the address below.

Personal Information

First Name: _____ Family Name: _____ Middle Initial: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cellular _____

E-mail: _____ Country of Origin: _____

Profession/Occupation (optional): _____

Membership Category (please check all that apply)

General membership: \$10 per year New Renewal (annually by Jan 31st)

Life membership: \$100 (one time)

I do not want to become a member but would like to donate: \$ _____

As a member, I would also like to donate: \$ _____

Total amount enclosed: \$ _____

Payment Information

Please mail this form and your check (payable to SNEHA) to:

Society of Nepalese in Hawaii (SNEHA)

C/O Bibin Shakya

825 6th Avenue

Honolulu, HI 96816, U.S.A.

You may also pay in cash to one of the executive members of SNEHA.

Member Agreement (only for members)

By becoming a member, I hereby declare that I will abide by and uphold the current Bylaws of SNEHA, or as amended in future.

Signature

Date

For Official Use Only

Date application received: _____ Date membership granted by EC: _____

Membership type: General Life Member Number: _____

Payment received: \$ _____ Form of payment: Cash Check number _____

Officer receiving the dues: Name _____ Signature _____ Date _____