



Gujarati Mandal of Central Ohio

2017-18 Membership Form

Membership effective from September 1, 2017 to August 31, 2018

MEMBERSHIP NEW/RENEWAL		LIFE MEMBERSHIP – UPDATE INFO
<input type="checkbox"/> New <input type="checkbox"/> RENEW	<input type="checkbox"/> I am a Life Member; please change/update my information. <i>Please complete Sections 2 & 3 below.</i>	

SECTION 1: MEMBERSHIP CATEGORIES & FEES		
Annual Membership	Husband, wife, unmarried children under 21 years of age, and parents living in the same household.	<input type="checkbox"/> \$40
Student & Single Membership	Current student and Single member. Student ID required.	<input type="checkbox"/> \$20
Life Membership	Lifetime affiliation with GMOCO	<input type="checkbox"/> \$501
10 Years Membership		<input type="checkbox"/> \$250

SECTION 2: MEMBERSHIP INFORMATION		DoB
Member's Full Name:		
Spouse's Name:		
Child Name:	<input type="checkbox"/> M / <input type="checkbox"/> F	
Child Name:	<input type="checkbox"/> M / <input type="checkbox"/> F	
Child Name:	<input type="checkbox"/> M / <input type="checkbox"/> F	
Father's Name:		
Mother's Name:		
Street Address:		
City:	State:	Zip:
Telephone (required):	Email:	

SECTION 3: ACKNOWLEDGEMENT & AUTHORIZATION
<p>I, _____ undersigned understand that this membership application will be reviewed by Secretary of GMOCO. I also understand that the membership fees are non-refundable. The above information is true and correct to the best of my knowledge. I understand that any misrepresentation or falsification will result in the cancellation of my membership and I will be responsible for non-member fees if the membership was used during any of GMOCO's events, such as Holi, Navratri, Diwali and other events. By providing the contact information above, I understand that GMOCO may communicate with me via phone, e-mail or USPS.</p> <p>SIGNATURE: _____ DATE: _____</p>

Please Make Check Payable to: **GMOCO**
 Mailing Address: **GMOCO Finance, c/o Raman Panchal, 6763 Winemack Loop, Dublin, OH 43016**
 Questions? Please send an e-mail to info@gmoco.org

FOR GMOCO OFFICIAL USE ONLY:			
Payment for 2016 GMOCO. Membership received:		Secretary:	
Date Form Received:	Check Amount: \$	Check Date:	Check #:

Membership form also available on www.gmoco.org