



# ગુજરાતી મંડલ ઓf સેન્ટ્રલ ઓહિયો

## 2018-19 Membership Form

Membership effective from September 1, 2018 to August 31, 2019

MEMBERSHIP NEW/RENEWAL/UPDATE INFO (Please complete all the section below)			
<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Update Info	
SECTION 1: MEMBERSHIP CATEGORIES & FEES			
Life Membership	<input type="checkbox"/> \$501	<i>"Family Membership" includes the member and spouse with their unmarried children living with them at the same address. Retired dependent parents living with the member/spouse in a single joint household at the same address will be considered part of the "family" provided that their names are registered when the member / spouse registers for family membership.</i>	
10 Years Membership	<input type="checkbox"/> \$250		
Annual Membership	<input type="checkbox"/> \$40		
Student & Individual Membership	<input type="checkbox"/> \$20	<i>Student or Single person membership. Student ID Required</i>	
SECTION 2: MEMBERSHIP INFORMATION		Gender	Birthdate
Member's Full Name:		<input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Others	
Spouse's Full Name:		<input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Others	
Child's Name:		<input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Others	
Child's Name:		<input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Others	
Child's Name:		<input type="checkbox"/> M / <input type="checkbox"/> F / <input type="checkbox"/> Others	
Father's Name:			
Mother's Name:			
Street Address:			
City:	State:	Zip:	
Phone:	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 immediate cancellation of my membership and I will have to repay GMOCO any and all charges at non-member rate for any of the membership benefits utilized till date. By providing contact information above, I understand that GMOCO may communicate with me via phone, email or USPS post.</p>			
Signature: _____		Date: _____	

Please make the check payable to: **GMOCO**

Mailing Address: **GMOCO Treasurer, C/O Nikunj Kadakia, 1218 Norway Ln, Westerville, OH 43081**

Questions? Please call or text us on **614-285-GUJU (4858)** or send email to [Info@GMOCO.org](mailto:Info@GMOCO.org)

FOR GMOCO OFFICIAL USE ONLY				
Payment for GMOCO Membership Received:			Secretary:	
Form Received Date:	Check Amount:	Check Date:	Check#:	Receipt #:

Membership form also available on [www.gmoco.org](http://www.gmoco.org)