

MEMBERSHIP APPLICATION:

HINDU BHAVAN ,
P.O. BOX 87255,
FAYETTEVILLE, NC 28304.

PLEASE SEND A CHECK OF \$ 151 FOR ANNUAL MEMBERSHIP

Date : _____

NAME(S): _____

ADDRESS: _____

PHONE: _____ E MAIL: _____

I HAVE READ THE BYLAWS OF HINDU BHAVAN AVAILABLE ON ITS WEBSITE
HINDUBHAVAN.ORG AND AGREE TO ABIDE BY IT .

SIGNATURE OF APPLICANTS: _____

For use of Hindu Bhavan:

Membership approved by board of trustees- date: _____

Annual dues paid/met FOR YEAR _____: _____, Treasurer