



# Veerashaiva Samaja of North America



(A Non-Profit Charitable Organization - US Tax Exempt ID# 51-0245255)

## Central VSNA Membership & Donation Form – 2017-2018

Your Name: \_\_\_\_\_  
Last name First name Middle name

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<u>Children Name (s)</u>	<u>Gender</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Membership &amp; Donation Details</u>	<u>Amount Required</u>	<u>Amount Enclosed</u>
Life Member:	\$500=00	_____
Annual Family Member	\$ 10=00	_____
Annual Individual Member	\$ 10=00	_____
Annual Student Member	\$ 10=00	_____
<u>Donations</u>	<u>Amount Proposed</u>	<u>Amount Enclosed</u>
Convention Trust Fund	Minimum \$1000	_____
Scholarship Fund	Minimum \$100	_____
<b>TOTAL</b>		_____

Please make checks payable to: **VSNA**

Mail this form with payment to: **Karuna Hiremath, 3054 Heron Pointe Drive, Bloomfield Hills, MI 48302**

Phone # 248-943-7677; Email: [hiremaths.24@gmail.com](mailto:hiremaths.24@gmail.com)