



Veerashaiva Samaja of North America



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

Central VSNA Membership & Donation Form

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 Donation Details</u>	<u>Amount Required</u>	<u>Amount Enclosed</u>
Life Member:	\$500=00	_____
Annual Family Member	\$ 35=00	_____
Annual Individual Member	\$ 20=00	_____
Annual Student Member	\$ 10=00	_____
Donation	Any	_____
TOTAL		_____

Please make checks payable to: **VSNA**

Mail this completed form with payment to: **Irappa Arabhavi, 10 Justin Drive, Mansfield, MA 02048**