



# INDIA CULTURAL ASSOCIATION OF CENTRAL JERSEY

ESTABLISHED - 1982

A Non-Profit & Tax-Exempt Organization

## MEMBERSHIP FORM

[www.icaofcj.org](http://www.icaofcj.org)

(January 1<sup>st</sup> to December 31<sup>st</sup>)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL INFORMATION:**

Old Membership # (If any): \_\_\_\_\_

First Name	Last Name	Relationship	Male Female Mom Dad Son Daughter	Date of Birth mm/dd/yyyy	Signature (if 18 years or older)
		Self			
		Spouse			

**List below parents and unmarried children living with you. DO NOT INCLUDE BROTHERS / SISTERS**


**ADDRESS:**

STREET: \_\_\_\_\_ APT# \_\_\_\_\_

TOWN: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ e MAIL: \_\_\_\_\_

\*\*\*You Prefer Correspondence via email:

Postal Mail:

-----: **Do Not Write Below This Line:** -----

<u>MEMBERSHIP DUES</u>	<u>ASSOCIATION USE ONLY</u>
<b>Five Years</b> \$100.00 <b>Lifetime</b> \$300.00  <b><u>Send Completed Form TO :</u></b>  <b>ICA OF CJ</b> <b>C/O Kamlesh Shah</b> <b>18 Lovell Drive</b> <b>Plainsboro, NJ 08536</b>	Date Received : ____/____/____  Change of Address: YES <input type="checkbox"/> NO <input type="checkbox"/> Membership # _____  NEW : <input type="checkbox"/> RENEWAL : <input type="checkbox"/>  Check # _____ Amount : \$ _____ .00 Initial : _____ Date ____/____/____

**\*\*\* Disclaimer: We do not Share/Sell any of your Personal information including email address**