

**SINDHI ASSOCIATION OF NORTH AMERICA (SANA)**

P.O BOX 486, FORDS NJ 08863 USA

Email: treasurer@sanalist.org Website: www.sanalist.org**MEMBERSHIP APPLICATION FORM****Office Use Only**

Received Date: __/__/__

Approval Date: __/__/__

✓ **REQUIRED FIELDS IF APPLY****MEMBERSHIP INFORMATION**

✓ Application Type	<input type="checkbox"/> New Member	✓ Membership Term Individual and Family Membership term expires on June 30 th and must be renewed every year.	Start Date: 07/01/____
	<input type="checkbox"/> Renewal (existing member only)		End Date: 06/30/____
✓ Application For	<input type="checkbox"/> Self	✓ Membership Type	<input type="checkbox"/> Individual (USD 15 per year)
	<input type="checkbox"/> Family Member You can ONLY submit application FEE on behalf of your children 18 or above, Parents, and Siblings. Specify your relationship: _____ Your Email: _____ Form must be signed by the Primary Member/Applicant		<input type="checkbox"/> Family (USD 25 per year)
		✓ Status in US or Canada	<input type="checkbox"/> Life (USD 1,000/-)
			<input type="checkbox"/> Citizen
			<input type="checkbox"/> Permanent Resident
			<input type="checkbox"/> Other _____

MEMBER INFORMATION

✓ Primary Member	✓ First Name		✓ Last Name		
	✓ Email		✓ Contact Phone		
	✓ Profession				
	✓ Address (Street)				
	✓ City		✓ State	✓ Zip Code	
	✓ Country		<input type="checkbox"/> USA <input type="checkbox"/> Canada		✓ Place of Roots In Sindh
✓ Spouse/Partner	✓ First Name		✓ Last Name		
	✓ Email		✓ Contact Phone		
	✓ Profession				

CHILDREN INFORMATION

(Children only include dependents under 18 years of age. Children 18 or above require their own membership application)

No.	First Name	Last Name	Date of Birth	Youth Member
1.			__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.			__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			__/__/__	<input type="checkbox"/> YES <input type="checkbox"/> NO

AFFILIATIONS (Please specify any organizational affiliations currently held)

No.	Organization Name	Professional/Not-for Profit/Political	Affiliation Type	Affiliation Since
1.				__/__/__
2.				__/__/__
3.				__/__/__

INTRODUCING MEMBER INFO

	✓ First and Last Name	✓ Email Address	✓ Contact Phone	✓ State/Country

UNDERTAKING

- I affirm that all information provided above is true and best to my knowledge.
- I/We solemnly affirm that I/we have read SANA rules and regulations as described in the SANA By-laws and further affirm that I will abide by its rules as long as I remain an active member of the organization.

✓ **Applicant's Signature:** _____ ✓ **Date:** __/__/__

PAYMENT INFORMATION

✓ Name (person making the payment)		✓ Email	
✓ Payment Type	<input type="checkbox"/> Online PayPal <input type="checkbox"/> Online Credit Card <input type="checkbox"/> Check/Money Order	✓ Payment Date	__/__/__
✓ Payment Amount	USD /-	✓ Transaction Ref. ID (if payed online)	

Please make check payable to **SANA** and mail to: **P.O BOX 486, FORDS NJ 08863 USA**

For membership application guidelines and SANA By-laws please visit SANA website: www.sanalist.org

For all other questions and inquires please contact SANA Treasurer at: treasurer@sanalist.org