



Preserve the Culture ♦ Secure the Language ♦ Serve the Community

MEMBERSHIP DETAILS:		New Member <input type="checkbox"/>		Renew Membership <input type="checkbox"/>	
1. LAST NAME		2. FIRST NAME		3. SPOUSE NAME	
4. STREET ADDRESS					
5. CITY		6. STATE		7. ZIP	
8. HOME PHONE / CELL					
9. EMAIL			9A. EMAIL (2)		
10. YOUR FAMILY: (Please enter name and age for children. It is used for creating age appropriate programs)					
Name		Year of Birth		Name	
1)				3)	
2)				4)	
11. OTHER DETAILS:					
1. Select the activities that are of interest			2. Would you consider serving on the Executive Committee		
<input type="checkbox"/> Social / Volunteer activities <input type="checkbox"/> Language school <input type="checkbox"/> Religious activities <input type="checkbox"/> Cultural programs and events <input type="checkbox"/> Kids' activities <input type="checkbox"/> Others (Please List):			<input type="checkbox"/> Yes <input type="checkbox"/> No 3. List activities that you will be willing to volunteer for or organize: 4. US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Optional</i>) (Any citizen related activities like voting dates will be mailed)		
12. MEMBERSHIP DONATION: ** <i>Please make check payable to UPASNA</i>					
<input type="checkbox"/> Family Life Membership				\$300.00	
<input type="checkbox"/> Family Annual Membership				\$100.00 (Expires after 365 Days)	
<input type="checkbox"/> Single Annual Membership				\$50.00 (Expires after 365 Days)	
Signature: _____			Date: _____		
For further information: www.upasna.org UPASNA, Attn: Naveen Singh, 11259 Germanium Dr. Frisco, TX 75035					
For Office Use, Only					
Amount: \$		Check #:		Membership #	
Secretary's Signature: _____		Date Recd.: ___/___/___		Valid Till: ___/___/___	

****Disclaimer**:** Any and all benefits provided by UPASNA are based on availability and are subject to change or curtailment without notice and with no further obligation on part of UPASNA or its associates.