



# Guru Nanak Foundation of America, Inc.

A Non-Profit Tax Exempt Religious Organization  
12917 Old Columbia Pike, Silver Spring, MD 20904 U.S.A.  
(301) 384-2133 • www.gnfa.org

## 2020 MEMBERSHIP APPLICATION

- NEW APPLICATION
- RENEWAL

### I. Instructions

- PLEASE ONLY COMPLETE SECTION II
- Section III must be completed in front of a member of the Membership Committee
- Please present this form, with government issued identification, to a member of the Membership Committee
- Membership dues shall be submitted with the application (dues are listed below in Section V)

### II. Applicant Information

		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	DATE OF BIRTH	

STREET ADDRESS	CITY, STATE, ZIP

EMAIL ADDRESS	PHONE NUMBER

#### OPTIONAL: HOUSEHOLD INFORMATION – EVERYONE BELOW MUST LIVE AT THE SAME ADDRESS

		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SPOUSE'S NAME	DATE OF BIRTH	

EMAIL ADDRESS	PHONE NUMBER

		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CHILD'S NAME	DATE OF BIRTH	

		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CHILD'S NAME	DATE OF BIRTH	

### III. Certification

The applicant hereby certifies, before a member of the Membership Committee, that 1) the information provided herein is true and accurate, and 2) s/he and any household members listed here satisfy the following eligibility requirements for GNFA membership:

- I subscribe to the objectives of GNFA (available at: <http://www.gnfa.org/about/constitution>);
- I have faith in the teachings of the Guru Granth Sahib;
- I am a resident of the State of Maryland, District of Columbia, or the Commonwealth of Virginia;
- I will abide by the GNFA Constitution and By-Laws, as amended from time to time;
- I have not been convicted of a felony; and
- Neither I, nor a member of my immediate family, is a GNFA employee or regular contractor with GNFA

APPLICANT NAME	APPLICANT SIGNATURE	DATE
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### IV. Verification

<input type="checkbox"/> Identification Checked	<input type="checkbox"/> Dues Paid	Total Dues Amount \$ _____	Payment Type <input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Eligibility Verified		Additional Donation Amount \$ _____	<input type="checkbox"/> Credit Card	

Application approved by:

COMMITTEE MEMBER NAME	COMMITTEE MEMBER SIGNATURE	DATE APPROVED
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### V. Dues

<input type="checkbox"/> One year	\$ <u>85</u>	<input type="checkbox"/> Senior Member (age 65 and above)	\$ <u>33.00</u>	<input type="checkbox"/> Youth	\$ <u>33</u>
<input type="checkbox"/> Patron	\$ <u>1330</u>	<input type="checkbox"/> Patron Renewal	\$ <u>990</u>	<input type="checkbox"/> Life-1 time	\$ <u>1595</u>
<input type="checkbox"/> Trustee	\$ <u>2540</u>	<input type="checkbox"/> Trustee Renewal	\$ <u>1330</u>	<input type="checkbox"/> Other	\$ _____