

The Orissa Society of the Americas Membership Form



www.orissasociety.org

Your Family Information

Your Name:	First:	Middle:	Last:	Age:
Spouse's Name (if any):				
Children's Information (if any):	Name:	Age:		

Your Address Information

Address:			
City:	State:	Zip:	Country:
Phone:		Phone (Alt):	
Email: Spouse email (if any):		Home Page:	

OSA Chapter Association

Chapter Name (if any):

Membership Fees

	Benefactor	Patron	Life Member	5-Year Member	Annual Member	Annual Student Member
Family (Regular)	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	<input type="checkbox"/> \$100	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20
Single (Regular)	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300	<input type="checkbox"/> \$100	<input type="checkbox"/> \$20	<input type="checkbox"/> \$10

Miscellaneous Information

Special Interests or Hobbies	
Children's Talents	
How can you help OSA?	
What motivated you to join OSA?	

This application must be accompanied with a check in the full amount of fees for the membership category at which you wish to join OSA. Please make your check payable to OSA, and mail it with this application to Sushant Satpathy, Treasurer, OSA, 3916 Gladstone Dr., Naperville, IL, 60565, USA.

Declaration: I, _____ sincerely pledge that I (and my family members) would like to join The Orissa Society of the Americas (OSA) voluntarily at my/our own free will. By signing below, I acknowledge that I have read, understood, and agree to abide by the OSA Membership Agreement.

Signature: _____ Date: _____

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