

The Orissa Society of the Americas Membership Form



www.orissasociety.org

Personal Information

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

Address

Street:			
City:	State:	Zip/Postal Code:	Country:
Phone:		Phone (Alt):	
Primary e-mail: Spouse e-mail (if any):		Phone (Cell):	

OSA Chapter Association

Chapter Name (if any):

Membership Fees

	Benefactor	Patron	Life Member	5-Year Member	Annual Member	Annual Student Member
Family	<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	<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	
How can you help 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.

By applying for OSA membership and/or becoming an OSA member, you acknowledge that you have read, understood, and agree to abide and be bound by the OSA Statement of Member Rights and Privileges, attached herein and available at www.orissasociety.org.

Signature: _____ Date: _____
Spouse's Signature (if any): _____ Date: _____

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