



JAIN CENTER OF SOUTHERN CALIFORNIA

MEMBERSHIP FORM

Membership Type: (Circle whichever is applicable)

Life Membership
Dues: \$501.00

Two Year membership
Dues: \$101.00

Your Name:	Spouse's Name
Occupation:	Occupation:
Home Address:	City / State / Zip
Home Phone:	Work Phone:
Cell Phone:	Native Place in India:
Children's Name and Ages:	1. 2. 3,
Father's Name:	Mother's Name:
Emergency Contact:	Emergency Contact Phone#:
Email Address:	Add to email list: Yes / No

Please give 2 references (Preferably Jain Center Life Members)

Reference 1:	First Name / Last Name / Spouse	Phone:
Reference 2:	First Name / Last Name / Spouse	Phone:

Date of Application: ____/____/____

Please make checks payable to: **Jain Center of Southern California**

Mailing Address: **Jain Center of Southern California,**
P. O. Box 549,
Buena Park, CA 90621-0549

Office Use Only

EC Approval Date: ____/____/____

Effective Date: ____/____/____