Prayas
The Progressive Bengali Association of Greater Columbus

Individual Membership Application Form
Membership Year **2019**

Member 1					
Salutation	Dr. ☐	Mr. ☐	Mrs. ☐	Ms. ☐	Miss ☐
First Name		Middle Name		Last Name	
Home Phone		Cell Phone		Work Phone	
Email:					
Employer:					
Member 2					
Salutation	Dr. ☐	Mr. ☐	Mrs. ☐	Ms. ☐	Miss ☐
First Name		Middle Name		Last Name	
Home Phone		Cell Phone		Work Phone	
Email:					
Employer:					
Address					
Street:					
City		State		Zip Code	
County					
Applicable Membership Fee				**$**	
Payment Information ☐ Check No._____ ☐ Cash				**Receipt #**	

- *Memberships are on a calendar year basis, and expire on December 31st.*
- Individual Memberships are neither transferrable nor refundable.

- Membership Dues are not deductible as a charitable contribution for Income Tax purposes.
- Membership is subject to Article of Incorporation, Byelaws and Members code of conduct

Your signature verifies that you have read and agree to the conditions of this application.

Member 1: Signature Date

Member 2: Signature Date

To be filled by PRAYAS authorized officer only

Eligible Membership Type ☐ Full Member ☐ Associate Member

_____ _____
Authorized Signature **Date**

☐ Accepted ☐ Rejected **Membership ID** _____

Email: info@prayascolumbus.org | website: www.prayascolumbus.org

Mail the completed membership form along with the check to **7652 Sawmill Road, Unit# 140, Dublin, OH 43016**