



# MEMBERSHIP FORM 2009

Sindhi Community of Northern California

[www.sindhicommunity.org](http://www.sindhicommunity.org)

P.O.Box 786

Fremont, CA 94537-786

### Membership Fees:

Membership Fees are due JAN 2009 and valid for the entire year. Donations are welcome and encouraged along with membership fees. Please make checks out to SCNC and mail to P.O. Box 786, Fremont, CA 94537-786

Adults/Seniors: \$5.00

Children (6-18 yrs): \$2.00

Children (0-5 years): Free

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### Member Information:

Please provide your Family member's information. We also encourage you to tell us about any special interests so SCNC can structure activities towards those interests.

Name	Relationship	Birth Date (mm/dd/yy)	Email Address

### PLEASE INDICATE YOUR INTERESTS (check all that apply) IN THE FOLLOWING EVENTS:

Summer Picnic     Guru Janam     Cheti Chand     Diwali

New Year's Eve     Thadri     Satnarayan Pujas

Other: \_\_\_\_\_

INTERESTED IN VOLUNTEERING?:     Yes     No

If Yes, indicate activites: \_\_\_\_\_

I, while participating in any SCNC event, or any members of my family or my guests that participate – release SCNC and its Board and officers from any and all liabilities for injury and / or damage to any person or property. I also give my authority and permission to SCNC for taking any and all actions, which seem necessary in the event of injury and / or damage to persons or property. I have read and fully understood the terms of this liability release

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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