

**HINDU SOCIETY OF GREATER CINCINNATI
MEMBER REGISTRATION
FORM**

Name:

Spouse Name:

1. Month of Marriage

2. Husband (Month of Birth)

3. Wife (Month of Birth)

Children Month of Birth:

1.

2.

3.

Parents

Month of Birth

Mother

Father

Address

Phone

E-mail

Are you a member

Yes

No

Life Member _____

Annual Member

Are you receiving ARADHANA

Yes

No

Annual Membership Fee (Individual)

\$ 21.00

Annual Membership Fee (Family)

\$ 51.00

Life Membership Fee (Individual)

\$ 251.00

Life Membership Fee (Family)

\$ 501.00

Mailing Address:

Hindu Temple, 4920 Klatte Road

Cincinnati, Ohio 45244

Make Check Payable to: Hindu Society of Greater Cincinnati

Check #

If payment is made by Cash Request Receipt

Signature

Date: