



Sikh Center of San Antonio



6011 Hollyhock Rd San Antonio, TX 78240

ਗੁਰੂ ਦੁਆਰੇ ਹੋਇ ਸੋਝੀ ਪਾਇਸੀ

Annual Membership Form

I, the undersigned, do hereby apply for membership of the **SIKH CENTER OF SAN ANTONIO (SCOSA)** and I further pledge that I will abide by all requirements of membership as specified in the Bylaws of SCOSA, as amended on 11/11/2000 filed in the office of the Secretary of State of Texas 1/30/2002, and as interpreted by the Prabandhak (management) Committee.

Name:	Spouse:
Address:	
Home Phone:	Cell Phone:
Work Phone:	Email:
Child's Names:	Child's Age:
1.	
2.	
3.	
Donation Pledge (please be generous): Monthly: \$ _____ Yearly: \$ _____	

Annual Membership Fee is set at \$5.00 per person and \$20.00 per family.

See Bylaws (posted on the notice board of SCOSA) for annual contribution requirements.

Signature:	
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Do you have any suggestions for improvement?

If "Yes" please provide details below (use attachment sheet if needed):

Please submit this form, via certified mail to 6011 Hollyhock San Antonio, TX 78240, or in person to the Prabandhak Committee of SCOSA and get a receipt.

----- Please tear here after getting the signature of Prabandhak Committee member-----

You turned this application in on: _____ at: _____ am/pm

Signature of committee member: _____