



Indus Fusion

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Membership: <input type="checkbox"/> New <input type="checkbox"/> Renewal		
* First Name:	* Last Name:	
* Date of birth:	* Phone:	
* Current address:		
City:	State:	ZIP Code:
* Email:		
Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone		
EMPLOYMENT INFORMATION		
Profession:	Employer:	
EMERGENCY CONTACT		
* Name of a relative not residing with you:		
* Phone:		
Relationship:		
SPOUSE INFORMATION		
* First Name:	* Last Name:	
* Date of birth:	Phone:	
Email:		
SPOUSE EMPLOYMENT INFORMATION		
Profession:	Employer:	
CHILDREN INFORMATION		
* Full Name	* Full Name	
* Full Name	* Full Name	
VOLUNTEERING		
How can you help: <input type="checkbox"/> Cultural <input type="checkbox"/> Event Planning <input type="checkbox"/> Web & Social Media <input type="checkbox"/> Sponsorship/Donations <input type="checkbox"/> Other		
PAYMENT DETAILS	MEMBERSHIP TYPE	
<input type="checkbox"/> Cash <input type="checkbox"/> *Cheque <input type="checkbox"/> **Credit Card * Please make Cheque payable to Indus Fusion ** There will be a \$2 convenience fee if paying by credit card	<input type="checkbox"/> Family: \$50 <input type="checkbox"/> Single: \$30	
CONSENT & SIGNATURE		
I hereby declare that the above given information is true to the best of my knowledge.		
I, _____, hereby give Indus Fusion, the rights to use photos and images on the Internet, in print publications, video and multimedia presentations, and/or for any purpose which may include, but not limited to display, public relations, marketing, or designs.		
Signature of applicant:		
Date:		