



# JAIN CENTER OF SOUTHERN CALIFORNIA

## MEMBERSHIP FORM

**Membership Type: (Circle whichever is applicable)**

**Life Membership**  
Dues: \$351.00

**Two Year membership**  
Dues: \$61.00

<b>Your Name:</b>	<b>Spouse's Name</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Home Address:</b>	<b>City / State / Zip</b>
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Native Place in India:</b>
<b>Children's Name and Ages:</b>	1. 2. 3.
<b>Father's Name:</b>	<b>Mother's Name:</b>
<b>Emergency Contact:</b>	<b>Emergency Contact Phone#:</b>
<b>Email Address:</b>	<b>Add to email list: Yes / No</b>

Please give 2 references (Preferably Jain Center Life Members)

<b>Reference 1:</b>	<b>First Name / Last Name / Spouse</b>	<b>Phone:</b>
<b>Reference 2:</b>	<b>First Name / Last Name / Spouse</b>	<b>Phone:</b>

Date of Application: \_\_\_\_\_

Please make checks payable to: **Jain Center of Southern California**

Mailing Address: **Jain Center of Southern California,  
P. O. Box 549,  
Buena Park, CA 90621-0549**

*Office Use Only*

EC Approval Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_