

Hindu Samaj Mandir

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Membership Form / Credit Card Charge Form

(Please give it to any Sevak or drop it in any donation box at the temple)

Date: _____

Email ID : _____
(Please write legibly)

Did you enter info online? Y / N

Membership Type: L: Life (\$501) A: Annual (\$51) V: Visitor / Guest **Amount:**

Per Family

Payment mode	Amex # <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Visa # <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	MC # <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Check # <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Exp. Date (mm/yy)										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name: _____ Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (Alt): _____

Profession & Interests: _____

Spouse Prof. & Interests: _____

CHILDREN:

NAME	DATE OF BIRTH	INTERESTS

Any Other Information / Volunteering Interests / Comments:

 Signature

Optional: (1) Would you like to sign up for TD Bank affinity program at NO cost to you [Y] / [N] (only for TD Bank a/c holder)
 (2) Would you like to sign up for ACH automatic monthly donations [Y] / [N]