



PALM BEACH INDIA ASSOCIATION

MEMBERSHIP FORM – April 2015 to March 2016

PBIA WILL NOT MAIL FLYERS. ALL COMMUNICATIONS WILL BE DONE VIA E-MAIL.
MAKE SURE YOU GIVE US YOUR E-MAIL

Membership Option: *(choose one)*

Life \$751.00

Family* \$75.00

Single \$50.00

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of Birth:

Phone:

Email Address:

Home Address:

City:

State:

ZIP Code:

SPOUSE INFORMATION IF FAMILY MEMBERSHIP

Name:

Date of Birth:

Phone:

Email Address:

NAMES OF UN MARRIED CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED *(LIVING AT THE SAME HOUSEHOLD)*

Son:

Age:

Daughter:

Age:

Son:

Age:

Daughter:

Age:

Son:

Age:

Daughter:

Age:

NAMES OF PARENTS IF MEMBERSHIP PRIVILEGES DESIRED *(LIVING AT THE SAME HOUSEHOLD)*

Father:

Age:

Father In Law:

Age:

Mother:

Age:

Mother In Law

Age:

Please mail your check payable to:

PBIA, P O Box 31225, Palm Beach Gardens, FL 33420

WWW.GOPBIA.COM

****Definition of LIFE & FAMILY: Group of people consisting of Married Couple, their Unmarried Children and both Spouse's Parents & Grandparents living in same household. Other related or non-related people living in the same household with either their own family or as a single are required to sign up their own LIFE or Family or Single Membership.***

For official use only

Date: _____

Received by: _____

Cash/Check NO. _____