

**San Fernando Valley Gujarati Association**  
**Application for Membership - 2020**

\$150 New &  \$125 Current Family membership  \$50 Individual & Student membership \* Family includes all unmarried Children and parents living at the same address.

<b>FAMILY NAME</b>	
HUSBAND and WIFE	
HOME ADDRESS	
CITY STATE. ZIPCODE	
PHONE NUMBER	HOME: _____   FAX: _____
E-MAIL ADDRESS	
OCCUPATION	_____   _____

**UNMARRIED CHILDREN (Married Children MUST obtain separate Membership)**

FIRST NAME	BIRTH DATE	SEX	Skills /Talent / Interests

**ADDITIONAL QUALIFIED ASSOCIATE MEMBERS**

Parents, Brother, Sister, Nephew, Niece, Grandparents or Others (LIVING IN THE SAME HOUSEHOLD)

NAME	BIRTH DATE	SEX	RELATION	MARRIED	Skills / Interest

FOR NEW MEMBERS ONLY: Membership in SFVGA is through the recommendation of current SFVGA member. Please obtain recommendation from current SFVGA Member and indicate his/her name and phone below.

REFERRED BY HOME PHONE VERIFIED BY AND DATE (Official Use Only)

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I/We apply for Membership / Renewal in the San Fernando Valley Gujarati Association. If accepted. I/We agree to abide by the Rules & Regulations, By Laws, and Conditions of Membership (please refer to [www.sfvga.org](http://www.sfvga.org) website) adopted by its members and/or the Board of Directors.

I/We certify that the foregoing information is true and correct and understand that any willful omission and/or misleading information constitutes grounds for rejection of this application and/or revocation of membership.

I/We agree to attend meetings of the event committee to which I/We have been assigned, and to actively participate in the planning. Organizing and holding of the event. If I/We fail to do so, the Board of Directors may, at their discretion take the appropriate action, up to and including termination of membership.

I/We agree that by signing this form there is an unconditional waiver of liability for all members covered under this membership. Please refer to the Waiver of Liability form on [www.sfvga.org](http://www.sfvga.org)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Name of Person Signing: \_\_\_\_\_  
 Applicant

For Official use only

Date Received: \_\_\_\_\_ Fee \$ Received: \_\_\_\_\_ Check No. \_\_\_\_\_ By: \_\_\_\_\_

COMMENTS:

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*PLEASE SEND THIS COMPLETED FORM AND WAIVER OF LIABILITY (if applicable) WITH YOUR CHECK (Make check payable to SFVGA) to: Upendra Vora, 7615 Glade Avenue, Unit 113, Canoga Park, CA, 91304 For electronic payment, email to [sfvgabod@gmail.com](mailto:sfvgabod@gmail.com)*