



Membership Form

Select one Roles/Membership

- Family Membership
 Individual Membership
 Lifetime Membership
 Senior Citizen
 Honorary Member
 Veteran
 Special Needs
 NewsLetters & General Email Notifications
 Other Specify: _____

User/Member Details

| | | |
|--|---------------------------------------|---|
| First Name <input type="text"/> | Last Name <input type="text"/> | Gendar <input type="text"/> |
| Mobile/Phone # <input type="text"/> | Alt. Phone # <input type="text"/> | Date Of Birth <input type="text"/> |
| Email <input type="text"/> | Alt. Email <input type="text"/> | Age <input type="text"/> |
| Street Address <input type="text"/> | Apartment # <input type="text"/> | City <input type="text"/> |
| State <input type="text"/> | Zip Code <input type="text"/> | Country <input type="text"/> |
| Place of Birth <input type="text"/> | Country of Birth <input type="text"/> | Preferred Language <input type="text"/> |

Spouse Details

| | | |
|---|---|---|
| Spouse First Name <input type="text"/> | Spouse Last Name <input type="text"/> | Gendar <input type="text"/> |
| Mobile/Phone # <input type="text"/> | Alt. Phone # (Optional) <input type="text"/> | Date Of Birth(Optional) <input type="text"/> |
| Email <input type="text"/> | Alt. Email(Optional) <input type="text"/> | Age <input type="text"/> |

Child Details

| | | | |
|--|---|--------------------------------|-----------------------------|
| Child First Name <input type="text"/> | Child Last Name <input type="text"/> | Gendar <input type="text"/> | Age <input type="text"/> |
| Child First Name <input type="text"/> | Child Last Name <input type="text"/> | Gendar <input type="text"/> | Age <input type="text"/> |
| Child First Name <input type="text"/> | Child Last Name <input type="text"/> | Gendar <input type="text"/> | Age <input type="text"/> |
| Child First Name <input type="text"/> | Child Last Name <input type="text"/> | Gendar <input type="text"/> | Age <input type="text"/> |

Number of Children Under 18 Years

Select your payment options

- Cash
 Checks
 Zelle
 Paypal
 Debit/Credit Card

- I _____ authorize GBHO to char my payment method above for agreed upon charges.
 I Understand that my information will be save on file for annual membership renewal transaction.
- I agree the Terms & Conditions and Policy of the membership set by Global Bhutanese Hindu Organization and follow the Code of Conduct.

Signature: _____

Date: ____/____/____