



MEMBERSHIP FORM

www.gssatx.org

Membership rates stated are good for one year, beginning January 1st, and ending on December 31st, of the year that have paid for.

FAMILY NAME:

LAST NAME: _____

FIRST NAME: _____ SPOUSE NAME: _____

CHILD NAME _____ BIRTHDAY (mm/dd/yyyy) _____

CHILD NAME _____ BIRTHDAY (mm/dd/yyyy) _____

CHILD NAME _____ BIRTHDAY (mm/dd/yyyy) _____

CHILD NAME _____ BIRTHDAY (mm/dd/yyyy) _____

PARENT NAME (FATHER): _____ PARENT NAME (MOTHER) _____

FAMILY CONTACT INFORMATION:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS NAME (if address is one): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

CHECK ONE	MEMBERSHIP TYPE	COST
	1 YEAR	\$ 100.00
	3 YEARS	\$ 275.00
	65 AND OVER	\$40.00

To ensure you receive all Samaj communications in a timely manner, please inform any changes in your mailing address or phone numbers to Girish"Gary"Patel at 210-834-2586.

MAIL YOUR MEMBERSHIP FORM ALONG WITH PAYMENT TO:

Girish"Gary"Patel
6500 Enrique M Barrera Pkwy
San Antonio TX 78227
cell:210 834 2586

OR FILL OUT AND EMAIL TO:

gujaratisamajsanantonio@gmail.com

CHECK# _____ CASH: _____ DATE: _____

IF PAYING BY CREDIT/DEBIT CARD, PLEASE CONTACT GSSA MEMBERSHIP CHAIR.