

**Shri Ram Chandra Mission****Membership Card Information**

Please write in BLOCK Letters while completing this form. Fields marked by an asterisk are mandatory.

<b>Name:</b> *First _____ *Last _____	
*Are you a Prefect? Yes <input type="checkbox"/> No <input type="checkbox"/>	*Were you issued a PhotoID in India? No <input type="checkbox"/> Yes <input type="checkbox"/> ID#: _____
<b>Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/> * <b>Date of Birth</b> (mm/dd/yyyy) _____	<b>Date of Introduction</b> (mm/dd/yyyy) _____
* <b>Street Address</b> _____ _____	
* <b>City</b> _____ <b>State</b> _____	* <b>Center</b> (Place where you attend Sunday Satsangh)
* <b>Country</b> _____ * <b>Postal Code</b> _____	<b>Introduced By</b> (Prefect's Name)
<b>Current Prefect:</b> (Prefect's Name)	Attach <b>Color Passport size photograph</b> in this space.  <i>The <u>suggested voluntary donation</u>          for          the card is US \$10.00          Make checks payable to "SRCM"</i>
<b>Phone1</b> _____ Res <input type="checkbox"/> Off <input type="checkbox"/> Cell <input type="checkbox"/>	
<b>Phone2</b> _____ Res <input type="checkbox"/> Off <input type="checkbox"/> Cell <input type="checkbox"/>	
<b>Fax</b> _____ Res <input type="checkbox"/> Off <input type="checkbox"/>	
<b>Email:</b> _____	

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