



Zoroastrian Association of California

Membership Form

January to December, 2019

Type*	Description	Cost	No.	Sub Total
Life	Husband/wife & children under 18 (DOB Req'd for children)	\$3000		\$
Family	Husband/wife & children under 18 (DOB Req'd for children)	\$125		\$
Individual	Adult over 18 (DOB Optional)	\$60		\$
Senior	Over 65 years of age (DOB Req'd)	\$40		\$
Student	Full-time student under 25 years of age (DOB Req'd)	\$40		\$
TOTAL:				\$

DOB: Date of Birth format mo/day/year **THE DOB INFORMATION WILL NOT BE SHARED OR MADE PUBLIC.**

LAST NAME _____ FIRST NAME _____ *TYPE: L F I Se St
 ADDRESS _____ CITY _____ STATE ___ ZIP _____
 PHONE _____ EMAIL _____ DOB ___/___/___

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 PHONE _____ EMAIL _____ DOB ___/___/___

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 PHONE _____ EMAIL _____ DOB ___/___/___

DONATIONS are IMPORTANT

Maintenance \$ _____ General \$ _____ Youth \$ _____ Education \$ _____ Religious \$ _____

Life Members please contribute towards the Center's maintenance

Mail this form along with your check payable to ZAC: Hilla Machhi, Treasurer
 Zoroastrian Association of California, 1424 E. Walnut Ave, Orange, CA 92867
OR complete this form online and pay with credit card at www.zacla.org

(If additional space is needed, please use another form)