



Zoroastrian Association of California

Membership Form January to December, 2024

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 Sr St
 ADDRESS _____ CITY _____ STATE__ ZIP _____
 PHONE _____ EMAIL _____ DOB ___/___/_____

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 PHONE _____ EMAIL _____ DOB ___/___/_____

DONATIONS are IMPORTANT

Maintenance \$ _____ Welfare \$ _____ Youth \$ _____ Education \$ _____ Religious \$ _____

ZAC relies on donations. Life members please do contribute

Please mark if we can share your email with FEZANA Yes No

Mail this form along with your check payable to ZAC: Attn: Treasurer. 1424 E. Walnut Ave, Orange,

CA 92867 OR complete this form online and pay with credit card at www.zacla.org/membership/

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