

2017 MEMBERSHIP FORM



WEB: WWW.ZAGNY.ORG | FACEBOOK: FACEBOOK.COM/ZAGNYUSA | TWITTER: TWITTER.COM/\_ZAGNY

NAME: \_\_\_\_\_  
Last Name First Name Middle Name Name of Spouse

NAME OF CHILDREN:  
\_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS:  
\_\_\_\_\_  
Street City State Zip Country

CONTACT  
\_\_\_\_\_  
Home Tel Cell Phone Spouse Cell Phone  
\_\_\_\_\_  
Email Address Spouse's Email Address

	MEMBER	SPOUSE
ORIGINALLY FROM:	_____	_____
PROFESSION / TITLE / BUSINESS:	_____	_____
COMPANY NAME:	_____	_____
ADDRESS:	_____	_____
EMAIL:	_____	_____
TELEPHONE:	_____	_____

**TYPE OF MEMBERSHIP:** REGULAR  ASSOCIATE  REGULAR MEMBER: AT LEAST ONE MEMBER OF THE FAMILY IS ZOROASTRIAN  
ASSOCIATE MEMBER: NO MEMBER OF THE FAMILY IS ZOROASTRIAN

**CATEGORY OF MEMBERSHIP:** \*\*ALLOCATE DONATION TO THE FOLLOWING FUND(S)

FAMILY @ \$ 150 <input type="checkbox"/>	NEW BUILDING \$ _____	MEMBERSHIP: _____
INDIVIDUAL @ \$ 75 <input type="checkbox"/>	GENERAL FUND \$ _____	DONATION** : _____
SENIOR INDIVIDUAL @ \$ 40 <input type="checkbox"/>	SCHOLARSHIP \$ _____	TOTAL VIA CHECK: \$ _____
SENIOR COUPLE @ \$ 75 <input type="checkbox"/>	CRITICAL ASSISTANCE \$ _____	CHECK # _____
STUDENT @ \$ 30 <input type="checkbox"/>	LIBRARY \$ _____	
NON-RESIDENT FAMILY @ \$ 45 <input type="checkbox"/>		

NEWSLETTER DELIVERY BY  EMAIL  US POST

**MEMBERSHIP CATEGORY:**  
FAMILY: PARENT(S) AND CHILDREN UNDER 18 YEARS  
INDIVIDUAL ADULT: NON-STUDENT 18 YEARS TO 65 YEARS  
SENIOR CITIZEN: 65 YEARS AND OLDER  
STUDENT: 18-25 YEAR ENROLLED FULL-TIME  
NON-RESIDENT FAMILY: RESIDING OUTSIDE THE TRI-STATE AREA OF NY, NJ AND CT.

PLEASE MAKE CHECKS PAYABLE TO **ZAGNY** AND MAIL ALONG WITH THIS FORM TO:  
**CYRUS PAVRI**  
ZAGNY TREASURER  
961 FRANKLIN TURNPIKE,  
ALLENDALE NJ 07401-1315